Summer 2026

San Pablo United Youth Soccer Club
Soccer Registration Form - Summer League

Complete one form per term

COACH'S NAME: _____

TEAM NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

DAYTIME PHONE #: _____ EVENING PHONE #: _____

PLEASE NOTE: *FEES MUST BE PAID IN FULL BY THE REGISTRATION DEADLINE, (SEE FLYER)* -ALL LEAGUE/TOURNAMENT PARTICIPANTS MUST SHOW PROOF OF AGE BEFORE PARTICIPATION.

COACH'S/MANAGER'S SIGNATURE: _____ DATE: _____

PERSON OF CONTACT: _____ PHONE #: _____

EMAIL: _____

Please check one: BOYS ☐ GIRLS ☐ Level of play: Elementary ☐ Middle School ☐ High School ☐

PAYMENT INFORMATION	DIVISION	WINTER	SUMMER
CASH ◯ CARD ◯ CHECK ◯	U6 / U7		
Check #	U8 / U9		
Amount Due:	U10		
Paid Amount:	U12		
Balance Due:	U14		
	U16		
	U19		

I acknowledge the dates of the program I am signing up for and confirm that my team and I are able to play on all the dates listed for the program I am registering for. I understand that any dates I cannot make **will be a forfeit** and I will not be able to reschedule those games. I am aware that there will be a Coaches Meeting for Winter and Summer programs and that I am required to be at the meeting or have a team representative present. **As a coach, I am responsible for the behavior of my team players, parents, families, and friends. There is a ZERO TOLERANCE IN WINTER AND SUMMER LEAGUE PROGRAMS AND ONE OFFENSE (Code of Conduct provided) WILL BE THE CAUSE TO HAVE MY TEAM REMOVED FROM THE PROGRAM WITH NO REFUNDS, EXCHANGES, RETURNS, OR TRANSFERABLE FEES.**

Coach's/Manager's Signature: _____ Date: _____

PLEASE MAKE CHECKS PAYABLE TO: SPUYSC

Player Roster

Player First Name	Last Name	D.O.B.	Currently Registered (Player Pass, etc.) Yes/No	Jersey Number