



San Diego Crusaders Soccer Club 2012-2013 Tryout Registration Form

Players Name: Last _____ First _____

Birthdate: _____ Gender : Male ___ Female ___

Address: _____

City: _____ Zip: _____ Phone#: _____

Parents Name: _____ Phone#: _____

Email: _____

Emergency Contact, #: _____

Emergency Doctor Contact: _____

Medical Problems or Limitations: _____

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of CYSA - South, its affiliates organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CYSA - South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and / or otherwise indemnify the CYSA - South, its affiliates organizations and sponsors, their employees associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to the or from the same, which transportation I hereby authorize.

Signature: _____ Date: _____

Consent For Medical Treatment (Minor): As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature: _____ Date: _____