

TRY-OUT REGISTRATION

DATE _____

RETURNING PLAYER? YES NO

PLAYER NAME _____

GENDER FEMALE MALE BIRTHDAY _____

AGE _____ U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ PHONE(S) _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check the area(s) in which you will be willing to help:

Coach Assist. Coach Team Manager Fundraising Field Preparation Referee

I, the parent guardian of the above named player, a minor, or as a player over the age of 18 agree that I and the player will abide by the rules and regulations of CYSA and Vallejo Youth Soccer League intending to be legally bound, hereby release and indemnify the USFS, CYSA and affiliated parties and their respective Directors, Officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the players participation in the Program.

PARENT SIGNATURE _____

Consent for Medical Treatment

As a parent or legal guardian of the above named player or as a player over the age of 18. I hereby give 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 dependents.

Signature _____ Date _____

INSTRUCTIONS

- MUST BRING CLEATS & SHINGARDS, **WHITE AND BLACK T-SHIRTS PREFERRED**
- PLAYERS ARE NOT ALLOWED TO WEAR ANY INSIGNIA FROM VYSL OR ANY OTHER SOCCER CLUB.
- PRIOR TO TO PARTICIPATION IN TRY-OUTS, PLAYERS MUST BRING A SIGNED TRY-OUT REGISTRATION FORM INCLUDING CONSENT FOR MEDICAL TREATMENT AND A WAIVER OF LIABILITY DOWNLOADED FROM OUR WEBSITE : **WWW.VALLEJOSOCCER.COM**
- SHOULD BRING PLENTY OF WATER AND ATTEND AT LEAST TWO TRY-OUTS.
- PARENTS WILL NOT BE ALLOWED ON THE FIELD.