



PLAYER PARTICIPATION FORM



All players **MUST** complete this form before participating in Palo Alto Soccer Club activities. Signatures are **REQUIRED** prior to participation.

Player Name: _____	Sex (M/F): _____
Birth Date: _____	Age: _____
School: _____	Grade: _____

Parent/Guardian*: _____	Email: _____
Address*: _____	Home #: _____
_____	Cell #: _____

Emergency Contact: _____	Phone #: _____
Doctor's Name: _____	Phone #: _____

Allergies or Other Medical Concerns: _____

**Note to use fields in Palo Alto, the city of Palo Alto is requiring PASC to share your name and address for field allocation purposes. By signing this participation form, you consent to the release of this personal information for this purpose only.*

Consent for Medical Treatment (Minor):

As the parent or legal guardian of the above-named Player, 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 dependent.

X _____ Date: _____
 Signature of Parent/Guardian/Player Over 18 Years of Age

Release Form:

I, the Player, or parent/guardian of the minor Player, acknowledge that soccer is an inherently dangerous sport in which the Player participates at his/her own risk. I, for myself and the Player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the (1) U.S. Youth Soccer, its affiliated organizations and its sponsors, (2) the Palo Alto Soccer Club, its officers, directors, coaches, team managers, volunteers, agents, representatives and assigns, (3) the Palo Alto Unified School District and its subdivisions, the City of Palo Alto and all other organizations providing fields for play, including their agents, officers, directors, contractors, employees, representatives and assigns (collectively "Released Parties"), from and against all claims, liabilities, damages or causes of action arising out of or in connection with the Player's participation in any and all Palo Alto Soccer Club programs. I affirm that the Player is in good physical condition. I understand that the Palo Alto Soccer Club does not carry medical insurance for Players participating in tryouts, practices, friendly scrimmages and other Palo Alto Soccer Club sponsored activities, and that I am responsible for the Player's insurance coverage until the Player is officially registered as a Player with the California Youth Soccer Association.

X _____ Date: _____
 Signature of Parent/Guardian/Player Over 18 Years of Age

Player Recruiting Guidelines:

I understand that according to CYSA Rules (Section 4:06:03): "Any team which, through its responsible officials, officers or representatives, attempts to induce a registered player of any team under the jurisdiction of this Association to leave his/her team before the end of the current year shall be deemed to have committed an offense for poaching and shall be dealt with by the Board of Directors of this Association."

If Player is a registered player of another CYSA team, I hereby certify that neither Player nor I were induced to try out according to Section 4:06:03 above. I learned about the Palo Alto Soccer Club's tryouts through public notification and my own inquiries.

X _____ Date: _____
 Signature of Parent/Guardian/Player Over 18 Years of Age