



Pajaro Valley Youth Soccer Club Registration Form Fall 2011

Player Information:

Name:	MI:	Last Name:
Date of Birth(mm/dd/yy):		Age:
Gender: M F		
Physical Address:		
City	State:	Zip:
Mailing Address (if different from above):		
City	State:	Zip:
Last League/Season	Request for Coach/Friend:	
List any medical conditions:		

Parent/Guardian Information:

First Name:	MI:	Last Name:	Parent Involvement: <input type="checkbox"/> Coach <input type="checkbox"/> Team Manager <input type="checkbox"/> Registration <input type="checkbox"/> General Volunteer <input type="checkbox"/> Other
Relationship:	Email:		
Home Phone: ()	Cell/Alt Phone: ()		
Occupation:	Company:		
First Name:	MI:	Last Name:	Parent Involvement: <input type="checkbox"/> Coach <input type="checkbox"/> Team Manager <input type="checkbox"/> Registration <input type="checkbox"/> General Volunteer <input type="checkbox"/> Other
Relationship:	Email:		
Home Phone: ()	Cell/Alt Phone: ()		
Occupation:	Company:		

Emergency Contact Information:

First Name:	MI:	Last Name:	Office use only: Age Group _____ Team # _____
Relationship:	Email:		
Home Phone: ()	Cell/Alt Phone: ()		

MEDICAL & LIABILITY RELEASE

I, the parent / legal guardian of the player listed on this form, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the Pajaro Valley Youth Soccer and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the League, the owners and operators of the facilities used for the prams 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 player's participation in the Programs including players transportation to and from the program. I further grant the League the right to use the player's name, picture and/or likeness in printed, broadcast or other material concerning the Programs provided such use is related to the player' status as a participant in the Programs.

As the parent / legal guardian of the above-named player, or player age 18 or over, 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 the player.

REFUND POLICY

All refund requests must be in writing to our email: pvuntiedsoccer@gmail.com or to by mail to P.O. Box 3242 Freedom, CA 95019. Requests received before August 31, 2011 will be refunded less a \$30.00 registration fee. NO REFUNDS AFTER September 1, 2011.

MULTI-MEDIA RELEASE

I/We understand and agree that videos or photographs may be taken at any time during a player's participation in or with a Pajaro Valley Youth Soccer Club (PVYSC) team. These videos or photographs and the likeness of the child, of the undersigned if 18, are for use by PVYSC and its affiliates including but not limited to, SCCYSL, CYSA, and NorCal, on its website, brochures, flyers and other advertising materials. As such I/we also understand that our child (of me-if I am 18) may be in these videos or photographs and agree that PVYSC can use the likeness contained therein. PVYSC will not release or sell these videos or photos to any person or entity for profit.

Guardian Signature:	Date:
Office use only: Amount paid: _____ Check: _____ Cash _____ Money Order: _____ Scholarship: _____ Received by:	
Receipt #:	