



Division \_\_\_\_\_  
 Team No. \_\_\_\_\_

**Palmdale Youth Soccer League (PYSL)**  
**YOUTH PLAYER REGISTRATION**

Parent / Guardian Information			
First Name	MI	Last Name	Relation
Street Address			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email address			
Parental/Volunteer Support: <input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Referee <input type="checkbox"/> Board <input type="checkbox"/> Fields <input type="checkbox"/> Publicity <input type="checkbox"/> Fundraising			

Player Information			
<input type="checkbox"/> New Player <input type="checkbox"/> Returning Player		If Returning, Division Played: _____	
First Name	MI	Last Name	Gender M – Male F – Female
Birth Date (MM/DD/YYYY)	School Name	Grade	
Shirt Size	Shorts Size	Note: Place a Y or A in-front of Size Y – Youth Size or A – Adult Size	
Emergency Contact	Relation to Player	Phone	
If Applicable, list any medical problem(s) physical Limitation(s) player has:			

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of Palmdale Youth Soccer League (PYSL). (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for PYSL accepting the youth player's registration and participation in its sanctioned youth soccer leagues and tournaments ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless PYSL, its volunteers and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to a PYSL authorized representative for the limited purpose of verifying the player's age and identity. (4) We consent to PYSL taking photographs, video recordings, and/or sound recordings in documenting the activities of PYSL's programs and services. We hereby grant PYSL permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for PYSL and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

League Use Only			
Date Received	Verified Birth Certificate	Board Member	
Payment Received:	Cash _____	Check# _____	Credit Card Approval# _____