



UNIFORM SIZE - YS - YM - YL- AS - AM - AL - AXL

PLAYER REGISTRATION

Registration No.

Name of Player Last First Male [] Female []

Parents/Guardians Name Last First

Address Last Father City Mother Zip Code

Home Phone# Work Phone # Cell #

Email Address @ home at work

Date of Birth Age School Month / Date / Year As of - JULY 31, 2011

EMERGENCY CONTACT INFORMATION

Whom to contact Phone # Cell #

Soccer experience Last Year's Team/Coach

Preference /Special Requests

PARENTS PLEASE CHOOSE ONE OF THE REQUIRED AREAS OF PARTICIPATION

(PAL Soccer is 100% Volunter Run -- MIN. 12 HOURS over 14 weeks)

- [] Team Coach Experienced [] Team Coach Not Experienced [] Referee (Paid position)
[] Field Prep & Maintenance [] League Administration [] Assistant Coach
[] Game Day Work (Field Marshall, Set Up, Clean Up) [] Team Manager [] Opt Out (\$25 Fee)

Person to contact Best number & time

AUTHORIZATION

I, as parent/guardian of said candidate/minor, herby give permission for said minor to participate in any and all the activities sponsored by said association, and agree to release, indemnity, and hold harmless the association, conference including but not limited to its organizers, sponsors, supervisors, leaders, participants, officials, coaches, and other agents or representatives including person transporting said minor, from any and all claims arising out of injury to the above said minor except to the extent of and in the amount of, insurance coverage held by the association.

INSURANCE

INSURANCE: PAL has group Accident Insurance Coverage for medical and hospital expenses, with a given deductible amount for each accident incurred. The PAL insurance is considered as secondary coverage, when there is any other valid, and collectible coverage provided by parent's insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. In executing the foregoing release, I/WE, the undersigned hereby acknowledge and represent that: (A) I/WE understand that any claim for medical service which arises out of injury must be reported to A LEAGUE OFFICIAL WITHIN 24 HOURS of the date of injury; (B) I/WE have read the foregoing release and understand it, and sign it voluntarily, I/WE understand that any Registration Fee or other sums paid does not constitute a direct premium payment for insurance.

Do you have HEALTH/GROUP Medical Insurance Yes [] No [] If so the Carrier or MEDI-CAL#

EMERGENCY MEDICAL AUTHORIZATION: I as parent/guardian of said candidate/minor, I do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment an/or examination for said minor in case of illness or injury occurring from participation in any activities of the association and/or conference. I do herby consent to any x-ray, examination, anesthesia, medical or surgical, or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency, reasonable efforts will be made to notify me. I have read all the above and understand it completely and hereby place my signature as proof below:

PARENT/GUARDIAN PRINT SIGNATURE DATE

I HAVE READ THE PARENT / GUARDIAN CODE OF ETHICS INITIAL

NO REFUND WILL BE MADE UNLESS A CHILD CANNOT BE PLACED ON A TEAM

Date of birth Certified: [] Yes [] No Players in Family 1 2 3 4 other

Registration Fee Paid: [] Yes [] No [] Check # [] Cash Amount\$

ACCEPTED BY: Date

District: Area: SAN JOSE METRO Age Group M - F