



California Premier League Youth Developmental Soccer League

Fall 2011: September-November

Bucheim Field (Behind SJC ROP Center) - Friday – 5:30pm

1522 El Camino Real, San Juan Capistrano, CA 92675

All athletes will receive a uniform

Instructional Division: Age 4-5 ■ Developmental Division: Ages 6 & Up

Registration: \$10⁰⁰

32158 Camino Capistrano, Suite 202, San Juan Capistrano, CA 92675, Fax to (949) 265-9014

For more information, contact California Premier League at (949) 265-9014 or info@californialeague.org



Youth Soccer Registration

Participant Name: _____	<input type="checkbox"/> Ages 4-5 <input type="checkbox"/> Ages 6 – 8 <input type="checkbox"/> Ages 9 & Up <input type="checkbox"/> I would like to be a Volunteer <u>Please circle uniform size</u> Youth Small - Youth Medium Youth Large Adult Small - Adult Medium
Address: _____	
City/St/Zip: _____	
D.O.B. : _____ Age: : _____ Grade:: _____	
Mother Name: _____	
Home Phone: _____ Cell Phone: _____	
E-mail Address: _____	
Father Name: _____	
Home Phone: _____ Cell Phone: _____	
E-mail Address: _____	

(1) To abide by the rules of California Premier League (hereinafter referred to as "CPL"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for CPL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CPL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. **(2)** To authorize my child's school to verify the date of birth of my child from school records to a CPL authorized representative for the limited purpose of CPL player age verification. **(3)** To hereby give my 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. **(4)** To hereby give my consent to CPL to take photographs, video recordings, and/or sound recordings of the above named player in documenting the activities of CPL's programs. I grant CPL permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for CPL educational and promotional purposes in manuals, on flyers, on the World Wide Web, or in other publications.

Player Name: _____ Phone # _____ Date of Birth _____

Parent Name: _____ Parent Signature _____ Date _____

www.cplyouthsoccer.com