



Olympic Development Program Try Out Registration and Medical Release Form 2011

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry for:

_____ (PLAYER LAST NAME, FIRST NAME) as it appears on Birth certificate-**NO NICK NAMES**

as his/her parent of legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. I also hereby release the California Youth Soccer Association, Inc. and affiliated organizations and personnel, owners of fields and facilities used by the Olympic Development Program against any claim by or on behalf of registrant as a result of the registrant's participation in the Program, and/or being transported to and from, which transportation I hereby authorize.

Signature of Parent or Legal Guardian

Please print name of Parent or Legal Guardian

Date

PLEASE PRINT LEGIBLE, THIS IS IMPORTANT INFORMATION

PLAYER INFORMATION			
Name: _____			
	M	F	Date of BIRTH : _____
Address: _____		City: _____ Zip: _____	
Home Phone: _____		Cell Phone: _____	
Player Email: _____			
Do you have medical coverage: If yes, please complete the next box		Medical Insurance carrier: _____	
Medical Card Number: _____			
Club Team: _____		Coach: _____	Is this a CYSA Team: _____
PARENT INFORMATION			
Mother:		Address: _____	
Day Phone: _____		Evening Phone: _____	
Email: _____		Cell Phone: _____	
Father:		Address: _____	
Day Phone: _____		Evening Phone: _____	
Email: _____		Cell Phone: _____	

***FORMS MUST BE COMPLETE**