

West Sacramento

S O C C E R

2011 SEASON REGISTRATION DATES

-Saturday, April 30, 2011
11:00AM-3:00PM
Bryte Park

- Tuesday, May 17, 2011
5:30PM-8:30PM
Wicked West Pizza

-Monday, May 9, 2011
6:00PM-9:00PM
Round Table Pizza

-Saturday, May 21, 2011
11:00AM-3:00PM
Bryte Park

-Saturday, June 4, 2011
11:00AM-3:00PM
Bryte Park

****Late registration will only be taken if there is still availability on teams after all registration dates have concluded. In which case a \$20 late fee will be charged****

- To participate your child must be 4 years old before August 1, 2011 and no older than 19 years old before July 31, 2011.

REGISTRATION CHECKLIST

(ALL items MUST be present at time of registration) NO EXCEPTIONS!!

- \$100 Registration Fee (includes complete uniform, picture package, and trophy)
- Birth Certificate copy for league to keep (new player only)
- Registration Form (given at registration or online at www.westsacsoccer.org)
- Picture (1½ inches x 1½ inches)
 - Include child's name and birth date on back
 - Picture's with hats or sunglasses will NOT be accepted

**ACTUAL
PICTURE
SIZE**

**FOR MORE INFORMATION PLEASE VISIT THE LEAGUE WEBSITE AT
WWW.WESTSACSOCCER.ORG OR EMAIL: S_NAJARRO@YAHOO.COM**



CALIFORNIA YOUTH SOCCER ASSOCIATION, INC. MEMBERSHIP FORM

20 ___ / 20 ___ SEASON



PLAYER INFORMATION

Legal First Name: _____ Mid Init: _____ Last Legal Name: _____

Date of Birth (MM/DD/YY): _____ Gender: M F Mother's Birth Date (MM/DD/No Year Req'd): _____ / _____

School (during season): _____ Grade: _____ Last League & Season: _____ # Prev Seasons: _____

Team/Friend/Coach Request: _____

Emergency Contact: _____ Phone: _____ Alt Phone: _____

List any medical conditions that player has that could affect participation: _____

Player's Physician: _____ Phone: _____

Requests may not be honored in all clubs and leagues - check with your local club/league before completing.

PRIMARY GUARDIAN

Guardian type: Father Mother Other/Legal

Last Name: _____ First Name: _____

Company & Occupation: _____ Gender: M F

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Business Phone: _____ Email: _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- Coach
- Asst. Coach
- Team Manager/Parent
- Referee
- Field Preparation
- Concessions
- Board Member/Committee
- Clerical/Financial
- Publicity/Newsletter
- Special Projects/Fundraising
- Sponsor

Other: _____

SECONDARY GUARDIAN

Guardian type: Father Mother Other/Legal

Last Name: _____ First Name: _____

Company & Occupation: _____ Gender: M F

Home Address (Same as Above): _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Business Phone: _____ Email: _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- Coach
- Asst. Coach
- Team Manager/Parent
- Referee
- Field Preparation
- Concessions
- Board Member/Committee
- Clerical/Financial
- Publicity/Newsletter
- Special Projects/Fundraising
- Sponsor

Other: _____

OFFICIAL USE ONLY

Dist ___ Lg ___ Club ___ Team ___ U- ___ Div ___

Picture Received

Birth Doc Received Birthdate Verified

Registration Fees:

Registration Fee\$ _____ Rec'd by: _____

Other Fee\$ _____ Date: _____

TOTAL \$ _____ Csh / Ck # _____

Scholarship

IMPORTANT MEDICAL AND LIABILITY RELEASE - MUST BE SIGNED

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc. (CYSA), 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 USYS and CYSA Parties, the owners and operators of the facilities used for the programs, 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, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and CYSA Parties the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's 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 me or my dependent.

I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two different CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).

GUARDIAN / 18 YEAR OLD PLAYER NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____



CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.
TEAM OFFICIAL REGISTRATION AND
RISK MANAGEMENT DISCLOSURE FORM
2011/2012 SEASON

PROVIDING FALSE INFORMATION OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE SUSPENSION FROM ALL CYSA ACTIVITIES

STAFF INFORMATION	* = REQUIRED FIELDS Activity: Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Manager <input type="checkbox"/> Team Asst. <input type="checkbox"/> Team Official <input type="checkbox"/> Trainer <input type="checkbox"/>	
	*Legal First Name: _____	* Legal Last Name: _____
	*Address: _____	
	*City: _____	*State: _____ *Zip: _____
	Email: _____	*Birth Date: _____ *Gender: M <input type="checkbox"/> F <input type="checkbox"/>
	Company: _____	Occupation: _____ CPR Trained: Y <input type="checkbox"/> N <input type="checkbox"/>
	*Home Phone: _____	Cell Phone: _____
	Fax Phone: _____	Business Phone: _____
	*MUST FILL IN AT LEAST ONE OF THE THREE IDENTIFICATION REQUIREMENTS	
	Social Security Number (Optional): _____ - _____ - _____	Other I.D./Passport: _____
Driver License Number: _____	State: _____ Expiration Date: _____	
Coach License Level: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D-NAT <input type="checkbox"/> D-STATE <input type="checkbox"/> E/D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> GK <input type="checkbox"/> Year Obtained: _____ Referee Grd: _____		

IMPORTANT REGISTRATION QUESTIONS (Check in Box Required)

- Have you ever been convicted of a crime of violence? YES NO
- Have you ever been convicted of a crime against children? YES NO
- Have you ever been convicted of a crime against an individual? YES NO
- Have you ever been convicted of fraud? YES NO
- Have you ever been convicted of a felony? YES NO
- Have you ever been convicted of a crime involving an alcohol or drug related offense in the past 5 years? YES NO

If you have answered YES to one or more of the above questions please complete the back of this page, lines A-I. If you have answered YES, you can not be associated with any CYSA affiliated team until you have received clearance from CYSA. If sections A through I are incomplete, this application will be returned, resulting a delay in processing.

I also certify that I have no physical illness or impairment which will make participation in soccer related activities dangerous to me. Registrant represents that the information contained on this form is true and correct and that the registrant has not lied about, misrepresented or otherwise falsified such information. Incomplete forms will be returned!

- I understand that:
- It is the intent to deny registration to any person who has been convicted of crime against an individual.
 - In applying for a position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.
 - I will abide by the rules and regulations set forth by the California Youth Soccer Assn. Inc., United States Youth Soccer, United States Soccer Federation and its affiliated Leagues and Clubs.
 - THIS TEAM OFFICIAL REGISTRATION AND RISK MANAGEMENT DISCLOSURE FORM MUST BE UPDATED EVERY SEASONAL YEAR.**

I acknowledge having and maintaining at least the minimum amount of insurance as required by the State of California per the State Vehicle Code. I agree to notify CYSA representatives that I do not have such coverage if at any time I am asked to use my personal or non-owned vehicle for affiliated youth soccer activities. Furthermore, I agree to not allow any person who does not have authorization and/or insurance to drive my vehicle for affiliated youth soccer activities.

I declare under **Penalty of Perjury** under the laws of the **State of California** that the information that I have furnished on this form is true and correct to the best of my knowledge. This declaration was executed at _____, California, on _____.

SIGNATURE: _____

OFFICIAL USE ONLY	CYSA I.D. #: _____
	Dist: _____ Lg: _____ Club: _____ Team(s): _____ U- _____ Div: _____

If you checked "YES" in any of the boxes in the **IMPORTANT REGISTRATION QUESTIONS** section, you **MUST** provide complete information for lines A through I for each conviction. Submit "YES" marked forms directly to the **CYSA** State Office: 1040 Serpentine Lane Suite 201, Pleasanton, CA 94566-4754 in an envelope marked **CONFIDENTIAL**. If you have answered **YES**, you can not be associated with any **CYSA** affiliated team **until you have received clearance from CYSA**. If sections A through I are incomplete, this application will be returned, resulting a delay in processing.

1. Conviction #1:

A. Case Number: _____

B. Section Number Charged with: _____

C. Description of Offense: _____

D. Date of Incident/Conviction: _____

E. Superior Court in the County of: _____ in the state of: _____

F. Sentencing from the Superior Court: _____

G. Have you successfully completed all the sentencing requirements from the Superior Court? Yes No

H. Are you currently paying fines and/or restitution to the Superior Court? Yes No

I. Are you currently on any type of probation? Yes No What type of probation: Formal Informal

i. How many years of probation were you given by the court? _____

ii. When does your probation end? _____

iii. Do you have a Probation Officer that you must report to? Yes No If Yes what is the name of your Probation Officer:

_____ Phone: (_____) _____

iv. Can **CYSA** Authorized Staff contact your Probation Officer? Yes No

2. Conviction #2:

A. Case Number: _____

B. Section Number Charged with: _____

C. Description of Offense: _____

D. Date of Incident/Conviction: _____

E. Superior Court in the County of: _____ in the state of: _____

F. Sentencing from the Superior Court: _____

G. Have you successfully completed all the sentencing requirements from the Superior Court? Yes No

H. Are you currently paying fines and/or restitution to the Superior Court? Yes No

I. Are you currently on any type of probation? Yes No What type of probation: Formal Informal

i. How many years of probation were you given by the court? _____

ii. When does your probation end? _____

iii. Do you have a Probation Officer that you must report to? Yes No If Yes what is the name of your Probation Officer:

_____ Phone: (_____) _____

iv. Can **CYSA** Authorized Staff contact your Probation Officer? Yes No