

### California Youth Soccer Association, Inc. Membership Form / Forma de Membresía

Zu/2uSeason / Temporada						
PLAYER INFORMATION / FORMACION DEL J	UGADOR					
Legal First Name* / Nombre (legal)	Middle Initial / Leg	Legal Last Name* / Apellido Suffix (e.g. Jr.) Gender* Género				
Birth Date/ Fecha de nacimiento # Prev Seasons / Temporada /	Anterior Grade / Grado Sch	hool Name (during season of play) / Nombre de	Escuela (durante la temporada)			
	(*	1. 11. 1 1 6.				
List any medical conditions that player has that could affect participa	tion / Listar condiciones med	7 0 1 1	*			
GUARDIAN INFORMATION / FORMACION  Check here if your contact info has changed. / Haga clic aquí s	i su información de	GUARDIAN INFORMATION /				
contacto ha cambiado	i su información de	Check here if your contact info has changed. / Haga clic aquí si su información de contacto ha cambiado				
Legal First Name / Nombre (legal) Legal Last Name / A	pellido	Legal First Name / Nombre (legal)	Legal Last Name / Apellido			
MI / Gender* / Relation / Parentesco Email Inicial Género		MI / Gender* / Relation / Parentesco Email Inicial Género				
Address / Dirección		Address / Dirección				
City / Ciudad State / F	Stado Zip / Area postal	City / Ciudad State / Estado Zip / Area postal				
Mobile Phone / Cell Home Phone / Tel.		Mobile Phone / Cell Home Phone / Tel. de Casa				
PARENTAL/VOLUNTEER SUPPORT / APOYO DE LO		PARENTAL/VOLUNTEER SUPPORT / APOYO DE LOS PADRES				
Coach Manager Referee Board Fields Concessions	Publicity [ Fundraising	Coach Manager Referee Board Fields Concessions Publicity Fundraising				
Other:		Other:				
MEDICAL AND LIABILITY RELEASE	LICACIONES DEP	DE DE CED EIDMADO	LEAGUE/CLUB USE ONLY			
IMPORTANCIA MEDICA Y LIBERACION DE OB 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	Yo, el padre/guardian menor de edad o un jugad	legal del jugador antes mencionado, un lor edad de 18 años, estamos de acuerdo en	Date Received			
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 he rules and regulations of the U.S. Youth Soccer (USYS), and its ffliliated organizations, and the California Youth Soccer Association, nc (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 or 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	obedecer las reglas y regula organizaciones afiliadas; la (Cal North) y sus organiza	aciones de la U.S. Youth Soccer (USYS) y sus a California Youth Soccer Association INC. aciones afiliadas. Yo mismo(a), el jugador y	Picture Received			
and our respective heirs, administrators and successors, intending obe legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators or the facilities used for the	respectivos herederos, adm ligados legalmente, por este USYS v Cal North, los du	ninistradores y asesores, que intentan estar e medio le dan e indemnizan a las entidades ueños y operadores o las instalaciones que	Birth Doc Received Birthdate Verified			
orograms, 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 players	se usan para los program empleados, agentes y repr de ellos, daños y causas d	nas y 'sus respectivos directores, oficiales, resentativos de alguna demanda en contra le alguna acción surgida en conección con	Payment Received			
varticipation in the Programs including, without limitation, player's ransportation to/from any Program, which transportation is hereby uthorized. I further grant the USYS and CYSA Parties the right to	la participación del jugad limitación, la transportaci programa dicha transport	lor en los programas sin incluir ninguna ción del jugador hacia o desde cualquier tación es por este medio autorizada. Vo a	Cash Check			
use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related o the player's status as a participant in the Programs.	continuación concedo a la	LUSYS V Cal North los derechos para lisar	Scholarship			
As the parent/legal guardian of the above-named player, or olayer age 18 or over, I hereby give consent for emergency medical are 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 lependent.  I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal rear 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 rom any and all CYSA games in which the player participated and he player and/or team may face additional disciplinary action(s).	del jugador como participa a Como el padre/guardi o un jugador de edad de concentimiento para obten por un doctor en medicina dado bajo las condiciones nel bienestar mío y de mi der Entiendo que si este jug equipo dentro de una liga desta temporada y que solan su equipo, este jugador no Cal North. Si un jugador hodiferentes de Cal North y/c de que el jugador o equipo cual el jugador participó, ac acciones disciplinarias adic ha proporcionado una hoja	nte en los programas.  ian legal del jugador antes mencionado,  18 años o más, yo por este medio doy mi  ner cuidado médico de emergencia proveído  a o dentista. Este cuidado médico puede ser  necesarias para preservar la vida, miembros o  pendientes.  gador ha sido registrado y se le ha asignado  te Cal North, en cualquier momento durante  mente si el ó ella solicitan su transferencia de				

SIGNATURE OF PARENT/LEGAL GUARDIAN/ FIRMA:

DATE/FECHA:\_

#### SACRAMENTO YOUTH SOCCER LEAGUE

### **CODE OF CONDUCT**

SYSL is committed to ensure a fun, safe and respectful soccer environment for its membership. As such, SYSL has zero tolerance for violent, threatening or abusive behaviors by any players, coach, parent, spectator or official. Any level of abusive or threatening behavior by any of the above named persons may be penalized by suspension or expulsion from SYSL.

While winning is important, I/we recognize that playing well and fairly is the essence of the game. I/we will set a good example to my/our child in his/her soccer development by adhering at all times to the following:

- 1. We will not criticize or harass the referee/s in a disrespectful or demeaning manor before, during or after games. Any criticism or complaints shall be formally written and delivered to SYSL Head Referee or the appropriate Club referee assignor.
- 2. We will only give positive and encouraging feedback to all players on the field, for both the away and home teams.
- 3. We will practice and display good sportsmanship by being aware of unbalanced performances between teams when one team is overly dominant; and by being mindful that cheering our own "winning" team might be misunderstood and discouraging to the players on the opposing team.
- 4. We will continue to practice and display good sportsmanship to our children by encouraging them to partake in the post-game handshake with the opposing team and the opposing coach, as well as the referee.
- 5. We understand that any inappropriate and aggressive behavior at any match, practice or other SYSL sponsored activity will not be tolerated and may result in a parent or spectator being asked to leave the field or event by a referee, Club Official, or SYSL Board Member. Such ejection is defined by and in accordance with The Laws of the Game, The Sacramento Youth Soccer League, and the specific rules of the League in which your team is a member.
- 6. We will allow the Coach to fulfill his coaching duties without interference. As a parent, I will not give instruction or direct any player on the field during the match. We understand that (upon review) SYSL can, and will if necessary, suspend our individual privilege, as defined by the SYSL process, to watch our child play should we behave in a manner that is rude or otherwise offensive.
- 7. We will not enter the field of play without consent from the referee either before, during, or after a match. We understand that entering the field in a threatening or aggressive manner will result in being ejected from the field and may be subject to further suspension from the SYSL Board.
- 8. We will stand behind the spectator line or in the designated spectator area for all games. If a game official/referee asks us to move, we will not question this request.
- 9. We understand that the SYSL Board has the authority to suspend our individual privilege to act as spectators at any match or event should we behave in a manner that is disrespectful, offensive, or violent. All possible suspensions are reviewed by the SYSL Board as defined by the SYSL process.
- 10. BY registering our child to play in SYSL we fully acknowledge and will adhere to the rules above, be familiar with SYSL By-laws, playing rules and fully accept any sanctions or punishment from SYSL.
- 11. As a Coach within SYSL, I fully acknowledge that I will follow CalNorth/SYSL By-laws, guidelines and playing rules. I will respect, accept and abide by the decisions by SYSL PAD & Board members.

parent acknowledgment _	
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# COMMUNICABLE DISEASE/COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in State Association and/or Affiliate Club's programs, related events, and activities, I the undersigned, on behalf of myself and my participating children or guardians, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

Participation in State Association and/or Affiliate Club's programs, events, and activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. While following Federal and State guidelines, State Soccer Association "Return to Play" Guidelines, and Affiliate Club's COVID-19 Protocol may reduce the risk, THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST. STATE ASSOCIATION AND/OR AFFILIATE CLUB CANNOT, AND DOES NOT GUARANTEE, WARRANT, OR REPRESENT THAT PARTICIPANTS WILL NOT CONTRACT A COMMUNICABLE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19, AS A RESULT OF PARTICIPATION IN ITS PROGRAMS, EVENTS, OR ACTIVITIES.

### I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE STATE ASSOCIATION AND AFFILIATE CLUB, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, liability, rights, or causes of action of whatsoever kind arising out of, or in any way connected to or related to any ILLNESS, INJURY, DISABILITY, DAMAGES OR DEATH I may suffer or sustain as a result of my participation in STATE ASSOCIATION AND/OR AFFILIATE CLUB programs, events or activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, ACKNOWLEDGE THAT IT CONSTITUTES A BINDING AGREEMENT AND PROMISE, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

## FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I agree to the terms laid out on this page

parent signature	



TEAM:		
AGE GROUP:	-	_
JERSEY #:		

## UNIFORM ORDER FORM

PLAYER NAME:			71		AGE:			F/M
				SIZES				
		YOUTH				ADULT		
JERSEY	S	M	L		S	M	L	XL
SHORTS	S	M	L		s	M	L	XL
	SOCK	5	Y		A			
	(Please d	o not write be	elow this line	e. Por favor, no es	scriba de abajo	de esta line	эа.)	
COACH:								

(\$2.00 extra for XXL-XXXL adult sizes)