

NORTH ORANGE COUNTY YOUTH SOCCER PREMIER LEAGUE, INC.



OTH SOCC	exp.	Date	OS DRUG
Team Name		Div U	
Coach Name		Telephone ()
Last Name	First Name		Fecha de Nacimiento (D.O.B.)
Address	City, State		Zip Code
Telephone ()	School Name		Grade
Person to notify in case of emergency	Telephone		
Health Insurance Name	Subscriber's Name	Э	Policy #
Address	City, State		Zip Code
Doctor to notify in case of emergency	Telephone		
List any medical problems player has:			
North Orange County Youth Soccer			
I assume all the foregoing risks and accept personal in discharge and covenant not to sue the NORTH OR/administrators, directors, agents, and other employees owners and leasers of premises used to conduct the account of injury including death or damage to property THE UNDERSIGNED HAS READ THE WAIVER AND SIGNING IT, AND ARE SIGNING IT VOLUNTARILY. Furthermore, the undersigned understands that the acmay be photographed, filmed, taped or otherwise record undersigned's likeness be photographed, taped or otherwise recorded consents to the reproduction and used of such photographay have thereto.	ANGE COUNTY YOUTH SOCCER of the organizations, other participant event, all of which are here inafter recaused or alleged to be caused in where the caused in which are the caused in which is the caused in the caused in which is the caused in the caused i	PREMIER LEAGUE, INC., its as sponsoring agencies, sponsoring agencies, sponsor eferred to as the releasee from hole or in part by the negligence of AT THEY HAVE BEEN GIVEN BRANGE COUNTY YOUTH SOCiedia, including, but not limited to the YOUTH SOCCER PREMIER	affiliated clubs, their respectives, advertisers, and if applicable demands, loses or damage or of the releasee or otherwise. UP SUBSTANTIAL RIGHTS BY CER PREMIER LEAGUE, INC television broadcast. Should the R LEAGUE, INC. or irrevocable.
	nt or legal guardian of		
Parent or legal guardian signature Age Verification Release From School Records		player's name	
I/we the parent/guardian of	NTY PREMIER SOCCER LEAGUE,		
Parent or legal guardian signature		date	
Original Birth Certificate Yes Other Proof Yes No. Reg. Fees Received cash	Describe	hool ID Yes	No 🗆
Received by		1 1	