



VACAVILLE UNITED SOCCER COMPETITIVE TEAM TRYOUTS PLAYER REGISTRATION FORM

PLEASE PRINT ALL INFORMATION CLEARLY

PLAYER INFORMATION

First Name: _____ Last Name: _____
Street Address: _____
City: _____ Zip Code: _____
Home Phone: (____) - ____ - ____ Date of Birth: MM / DD / YYYY
Medical Conditions: _____
Additional Comments: _____

PARENT / GUARDIAN INFORMATION

1 - Name: _____
Cellular Phone: (____) - ____ - ____ Work Phone: (____) - ____ - ____
E-Mail Address: _____
2 - Name: _____
Cellular Phone: (____) - ____ - ____ Work Phone: (____) - ____ - ____
E-Mail Address: _____

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 my dependent. I agree to hold harmless the Vacaville Youth Soccer League ("VYSL") and its agents and employees and hereby release them from any liability on account of injuries sustained by the player while participating in any activities. I give consent for the above player to be photographed, videotaped or filmed while participating in any soccer activities and the resulting photos / film to be used by the VYSL and its agents and employees for educational and promotional purposes. I have read and understand the above. I also acknowledge that players will be notified of team selection via VYSL website at www.vysl.org after the tryouts and accept that the decision of VYSL will be final.

Signature of Parent/Legal Guardian/Player If 18 or Over: _____ Date _____