



United Academy Recreational Division

20 ____ - 20 ____ SEASONAL YEAR FALL SPRING



YOUTH PLAYER REGISTRATION APPLICATION

Parent/ Guardian Information

*Required field

**At least one field is required

First Name* _____ MI _____ Last Name* _____ Relation* _____

Street Address* _____

City* _____ State _____ ZIP* _____

Home Phone** _____ Work Phone** _____ Mobile Phone** _____

E-mail* All e-mail addresses are confidential and for league use only. Gender* M - Male F - Female

Parental/Volunteer Support: Head Coach Assist Coach Team Parent Referee Board Position

Player Information

New Player Returning Player

Club Use Only

Player ID Number: _____ M - Male

First Name* _____ MI _____ Last Name* _____ F - Female

DOB (MM/DD/YYYY)* _____ Seasons Played _____

School Name* _____ Grade _____ Please check the division you wish to play in: Canyon Hills Horsethief Canyon

League* _____ Check the location you wish to play in: Lake Elsinore Wildomar

Shirt Size (YXS,YS, YM, YL, AS, AM, AL, AXL) _____ Age Group (U4, U6, U8, U10, U12, U14, U18) _____ Team Number _____

Emergency Contact #1* _____ Phone* _____

Emergency Contact #2 _____ Phone _____

If applicable, list any medical conditions or physical limitation(s) your player may have: _____

Club Use Only Signed Refund Policy.

I have read and understand the refund policy. (A copy is available). Please sign above.

Cal South Waiver

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of Cal South and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Cal South accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to a Cal South authorized representative for the limited purpose of verifying the Cal South player's age and identity.(4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Cal South taking photographs, video recordings, and/or sound recordings in documenting the activities of Cal South's programs and services. We hereby grant Cal South and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. **We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.**

Signature of Parent/Legal Guardian/Date _____

Roster Freeze Recreational

As parent/guardian of the named player, I acknowledge the following: Team rosters shall remain in tacked after the team folders have been handed out to the coaches. We will not be able to switch players to a different teams. Buddy requests are request not a guaranteed. Initial here: _____

For Club/League Use Only

Date Received _____

Birth Certificate Checked: _____

Signed Refund Policy: _____

Credit Card Payment: _____

Cash _____ Check # _____

Receipt Number _____

Please check all boxes and sign below.

Seasonal Disclosures

Coed: U4, U6, U8, U10, U12, U14, and U18.

All Girls Divisions: U10, U12, U14, and U18. All girls' teams can only be formed if sufficient number of players sign up. If not, then girls who sign up will be assigned to a coed team. If you prefer your daughter to player in the coed division, please note on the front of the application. Player will be drafted by the coach for divisions U10, U12, U14, and U18 if needed. The league does not guarantee the day, time, or locations of practices or games. U10 and above will inter-leaguuing.

Once assigned to teams, players are frozen on their team and cannot be moved for any reason.

Buddy Request Disclosure:

UPSA can NO longer **ACCEPT** buddy or Coaches requests (including carpool requests) in the **U10 through U18 divisions** for the current season.

In the **U4/U6 divisions** we allow requests as listed below:

You can request no more than 1 friend as buddies. Requests must be for players in the same age group. This division is all coed so you can request either girls or boys. Requests must include both the first and last name of the child you are requesting.

In the **U8 division** we allow requests as follows:

You can request no more than 1 friend as buddies. This division is all coed so you can request either girls or boys. Requests must include both the first and last name of the buddy being requested.

We no longer can place the player with the same coach season after season.

UPSA will not guarantee placement with any particular buddy and all final decisions will be made by the League Registrar.

Refund Policy:

Registration fee refunds can be awarded to individual players ONLY under the following circumstances.

1. 100% refund if the League Registrar has not processed the player application.
2. 0% refund if the League Registrar has processed the player application into the CALSOUTH system and awaiting to be teamed.

Registration fees are not refundable/non-transferable after registration has closed. End of registration dates are posted online at www.unitedacademyfc.com

Team Formation:

Team sizes are determined based on the number of players registered, the number of Head Coaches committed, and the number of fields available. Our goal is to have teams with a few subs available at every game, but too many where play time for the players is limited.

The target team sizes are as follows:

U4s; 5-6 players 4v4, U6s; 6-7 players 4v4, U8s; 6-8 players 4v4, U10s; 10-14 players 7v7, U12s; 12-17 players 9v9, U14s; 12-17 players 11v11, U18s; 12-18 players 11v11. Some teams may have more players than other teams. Some teams may have over the target team size.

Player Concussion Information:

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

Signs and symptoms of concussion can show up right after the injury or may not appear of be noticed until days or weeks after the injury. If you suspect that your son/daughter has a concussion, please ask the coach to remove the player for the game. It is better to miss one game than the whole season.

Photography Release for Minor Child or Children

I hereby authorize United Premier Soccer Association, hereafter referred to as "UPSA," to publish photographs taken during the season of myself and/or the minor child or children listed below, and our names and likenesses, for use in the United Premier Soccer Association's print, online, and video-based marketing materials, as well as other league publications. I hereby release and hold harmless UPSA from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize UPSA to use their likenesses and names. I further acknowledge that participation is voluntary and that neither I, the minor child, nor minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in league marketing materials or other league publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release UPSA, its contractors, its employees and any third parties involved in the creation or publication of league publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

By checking the boxes above and signing below, I acknowledge that I have read and understand all of its provisions.

Please Sign Here:

Please Print
Player's Name:

Club Use Only:

CH HTC LE Wild **Age Division** U4 U5 U6 U8 U10 U12 U14 U18

Player ID#

Coed Girls

Team Number: