



<u>Please Leave Blank</u>	
Date _____	Init. _____
CASH _____	CHECK _____
CHARGE _____	
AMOUNT PD. _____	
Total # Siblings _____	Rec# _____

Santa Clara P.A.L Soccer - Registration Form

Fees: \$ 85.00 per. Applicant; \$135.00 two same family; \$60.00 each additional child. **Late registration is \$95.00.**

Fill out this form, sign it (parent or guardian), and return it to the P.A.L. Office, attached with:

- **Payment** (check payable to: **S.C. PAL; VISA / MC**, cash)
- **Proof of Age (copy of birth certificate or passport)** Age verified by _____
- **Photo (headshot only no larger than 1.5" x 1.5") Important:** All items **must** be attached or this application will **not** be accepted.

Player's information:

Name (First, Middle, Last): _____

Birth date (MM/DD/YYYY): _____ age as of July 31, 2009 ___ Gender: _____ female _____ male

Home address (street, **CITY, ZIP**): _____ **Home ph:** _____

Work ph: _____ Cell ph: _____

Parents/Guardians' name: _____

E-mail address: _____

Emergency contact: name: _____ phone: _____

Soccer experience (**# of seasons**): _____

Uniform size (check one): ___YS ___YM ___YL ___AS ___AM ___AL ___AXL

Medical Insurance Carrier or Medi-Cal #: _____

Team/Coach Preferences: _____ Check here if ok to move up _____

Volunteering availability (check one or more)

___ **Coach** ___ Assistant coach ___ Referee ___ Team Parent ___ **Snack shack** ___ Committee Member
 ___ Field Prep ___ Coordinator _____ Fundraising _____ Field Marshal _____

Additional Information: _____

Authorization I, as parent/guardian of said candidate/minor, hereby give permission for said minor to participate in any and all the activities sponsored by said association, and agree to release, indemnify, and hold harmless the association, conference including but not limited to its organizers, sponsors, supervisors, leaders, participants, officials, coaches, any other agents or representatives including persons transporting said minor, from any and all claims arising out of injury to the above said minor except to the extent of and in the amount of, insurance coverage held by the association.

Insurance PAL has a group Accident Insurance Coverage for medical and hospital expenses, with a given deductible amount for each accident incurred. The PAL insurance is considered as a secondary coverage, when there is any other valid and collectible coverage provided by parents/guardian insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. In executing the foregoing release, I/WE, the undersigned hereby acknowledge and represent that:

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Photographs Santa Clara PAL reserves the right to photograph facilities, activities and program participants for promotional purposes. Photos may be used in brochures, displays, with press releases or on City or Department's website. Individuals may submit their photos for consideration.

(A) I/We understand that any claim for medical service which arises out of injury must be reported to a LEAGUE OFFICIAL WITHIN 24 HOURS of the date of the injury:

(B) I/We have read the foregoing release and understand it, and sign it voluntarily; I/We understand that any registration fee or other sums paid does not constitute a direct payment for insurance.

Emergency Medical Authorization: I as parent/guardian of said minor/candidate do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment and/or examination for said minor/candidate in case of illness or injury occurring from participation in any activities of the association and/or conference. I do hereby consent to any X-ray, examination, and anesthesia, medical or surgical, or dental treatment that is considered necessary reasonable efforts by the attending physician or dental treatment that is considered necessary reasonable efforts will be made to notify me.

Parent/Guardian please initial each item below as I will:

- Exhibit sportsmanlike conduct at all practices and games: (X _____)
- Maximize praise and minimize criticism: (X _____)
- Make corrections calmly: (X _____)
- No teasing or ridiculing players: (X _____)
- No yelling at officials, coaches, managers, or other children: (X _____)
- Maintain self control as a spectator: (X _____)
- Make practice and games FUN for everyone: (X _____)
- Not use profanity: (X _____)
- Continue to teach game skills and rules of the game: (X _____)
- Follow all rules and regulations of PAL: (X _____)
- No use of alcohol or drugs before or while attending practices or games: (X _____)
- Avoid any inappropriate physical contact with players: (X _____)
- Avoid any inappropriate and/or unlawful physical contact between officials, coaches, managers, other parent/guardian(s) or spectators: (X _____)
- Avoid any conduct that brings discredit to your team, the league, Santa Clara PAL, the Santa Clara Police Department or the City of Santa Clara: (X _____)
- Understand that once I pay for this registration, there is absolutely **NO REFUNDS** unless my child is not placed on any team: (X _____)
- Understand that IF my child is injured, PAL is the SECONDARY INSURANCE.

In addition to abiding by the above Code of Ethics, all parent/guardian(s) MUST understand that ANY violation of the "Code of Ethics" or criminal conduct may result in action by the Activity Board or the PAL Board of Directors including but not limited to not being allowed to attend, participate and/or be a spectator at any of their children(s) practices or games.

NO REFUNDS WILL BE MADE UNLESS CHILD CANNOT BE PLACED ON A TEAM.

We can not guarantee the exact uniform size for late registrations.
Special requests CANNOT be guaranteed. Our inability to meet a special request is not grounds for a refund.

I have read all the above and understand it completely and hereby place my signature as proof below:

Print Name: _____

Signature: _____ Date: _____