



www.californiasoccerleague.com
Office: (619) 741-4877 Schedule: (619) 741-4817
5475 Heidi Street, La Mesa CA 91942

FOR OFFICE USE ONLY
Date Received
Signature

Division _____ Email _____

Team Name _____

Player Name _____

Address _____

Home Phone # _____ Cell# _____ Date of Birth _____

In signing this Identification Card, the bearer indicates his awareness that the California Soccer League, its affiliated teams and their respective officers are not responsible for any kind of liabilities, financial or otherwise, caused or sustained by the player of clubs affiliated with California Soccer League while engaged in soccer activities.

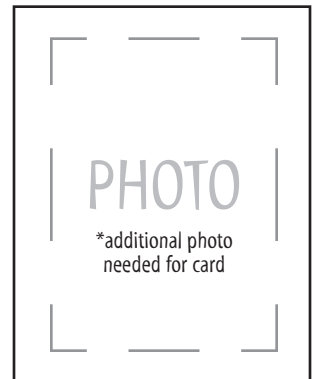
Player Signature _____

Date _____

WAIVER AND RELEASE OF LIABILITY

1. California Soccer League does not maintain health insurance for injuries to the player that may arise out of involvement with this league.
2. By virtue of participation, I or my child risks bodily injury, including paralysis, dismemberment, and death, and other including damage to property.
3. I knowingly and freely assume all such risk for myself and/or child.
4. I release and hold harmless and promise not to sue California Soccer League, its officers, agents or employees with respect to any and all such injury, paralysis, dismemberment, death.
5. I agree to inform my child that he/she must follow the code of ethics for athletes, all safety rules, as well as any others given practice or during games or tournaments.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named while he/she is participating in the above activity.
7. I have read the PARENT/GUARDIAN CODE OF CONDUCT, and understand it and fully agree to abide by its rules/policies.
8. This agreement is binding on my heirs, personal representatives, next of kin, spouse and assigns.

No Smoking Policy



AS A PLAYER/ COACH PARENT / GUARDIAN ASSOCIATED WITH CSL, I AGREE TO THE FOLLOWING:

1. There will be no consumption of alcohol or smoking at any location that is associated with my practices and/ or games.
2. I understand that this ban includes the parking lots at all sites.
3. I understand that my vehicle is personal property but is included in the ban if parked in a parking lot.
4. I will aid my coach in the policing of other players on my team and others. If I witness a person smoking or consuming alcohol, I will alert my coach or a CSL official.

GOOD SPORTSMANSHIP

I will assume the responsibility in maintaining good sportsmanship and promote good health through the league. This includes treating officials, opposing fans, players and teammates with dignity and respect. I agree to follow all the rules and guidelines placed by the City, Parks and Recreation Department and CSL

With my signature below I understand that I will be suspended if found in violation of the above agreement with the possibility of a team sanction. I also understand that I am responsible for the other members of my family and friends that attend the games.

Player Signature (Parent/Guardian) _____

Address _____

Phone # Emergency Phone # _____

*** SIGN AND RETURN FORM TO LEAGUE**

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