

This is the form required to participate

Player Name



Cal North  
2018 ODP Tryout Registration  
00 Gender Tryout

**PARTICIPANT INFORMATION**

Gender: Address 1:  
City: State: CA Zip:  
Birthdate:

Nickname:  
Mobile Phone:  
Club Team Name:  
Emergency Contact First Name:  
Emergency Contact Last Name:  
Emergency Contact Primary Phone:  
Emergency Contact Secondary Phone:  
Does your child wear contact lenses? :  
Allergies:  
Electronic Signature:  
Electronic Signature Date:

**EXAMPLE  
FORM**

**PARENT/GUARDIAN INFORMATION**

First Name: Email:  
Middle Name: |  
First Name: Last Name:  
Mobile Phone:  
Email:

**ONLY**

**WAIVERS/NOTICES**

**Medical and Liability Release**

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc (Cal North), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and Cal North Parties, the owners and operators of the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and Cal North Parties the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

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 me or my dependent.

I understand that if this player has been registered and rostered on a team with any Cal North league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other Cal North team. Being concurrently rostered on two different Cal North teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all Cal North games in which the player participated and the player and/or team may face additional disciplinary action(s).

Furthermore, I acknowledge that Cal North has provided an [informational fact sheet for parents and athletes](#) regarding concussions that I myself have reviewed with my child.

**ODP Medical Release**

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry for my child as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb or wellbeing of my dependent. I also hereby release the California Youth Soccer Association, Inc. and affiliated organizations and personnel, owners of fields and facilities used by the Olympic Development Program against any claim by or on behalf of registrant as a result of the registrant's participation in the Program, and/or being transported to and from, which transportation I hereby authorize.

**ODP Concussion Policy**

Any player that has been suspected of or being treated for a concussion must follow the Cal North Concussion Protocol Policy set forth by the Cal North BOD. No exceptions.

**Players cannot tryout without the signature of your DOC below. (This is not a parent signature area).**

Signature

\_\_\_\_\_

Date Signed

**EXAMPLE  
FORM  
ONLY**