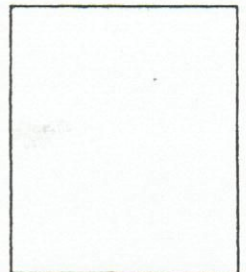




Norwalk Youth Soccer League
 15617 Studebaker Rd. #4
 Norwalk, CA 90650
 Phone: (562) 868-7073 Fax: (562) 868-7403



Please make sure that the stamp is on the picture

Individual Player Application

Player ID#: _____ Team: _____ Division: _____

Player Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ E-Mail: _____

School Name: _____ Grade: _____

Father's Name: _____ Mother's Name: _____

Emergency Contact: _____ Emergency Phone: _____

This registration form serves as a consent document which allows the above mentioned applicant to participate Norwalk Youth Soccer League. By signing below at least one of the applicant's parents or legal guardians of applicant heretofore release Norwalk Youth Soccer League, its Board of Directors, Employees, Staff, Sponsors and facilities from any liability arising from the conduct of soccer games as part of normal sports activities, except in any case where there is gross negligence on the part of organizers. Moreover, parents/guardians of above mentioned applicant hereby acknowledge that they are responsible for providing primary health/medical insurance for their child. However NYSL will provide supplemental health insurance for participants. Finally, participant and parents agree to receive information from the league by e-mail and/or any form of communication.

As a participant in Norwalk Youth Soccer League I _____ (Parent/Guardian) hereby authorize _____ (Name of School/District) to release any information required to verify the age and grade information of my child _____ who is participating in Norwalk Youth Soccer League.

As a participant in Norwalk Youth Soccer League, I understand that child/parent may be called upon to support in volunteer activities to support the organization and the soccer programs in which I am participating. I/we offer to support in the following areas, please circle one:

Fundraising Activities Referee Soccer Clinics Civic Activities Tournament Coordina
Scholarship Programs Serve on the Board Mentoring Coaching

Player's Signature: _____ Date: _____ Coach's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____ Parent/Guardian Signature: _____ Date: _____