



CALIFORNIA SOCCER LEAGUE, INC. YOUTH DIVISION
5735 E. OLYMPIC BLVD. LOS ANGELES, CA 90022
TEL. (323) 728-5145

REGISTRATION NO. _____

CLUB/EQUIPO _____

SCHOOL/ESCUELA _____

SEASON/TEMPORADA _____

AMATEUR PLAYER'S REGISTRATION FORM
FORMA DE REGISTRO PARA JUGADOR AMATEUR

I _____ WISH TO REGISTER AS A PLAYER WITH _____ F.C. OF
PLAYERS NAME/NOMBRE DEL JUGADOR *TEAM/EQUIPO*

THE CALIFORNIA SOCCER LEAGUE, INC. IN THE _____ DIVISION YOUTH. I WAS PREVIOUSLY
 REGISTERED WITH THE _____ F.C. DURING THE _____ SEASON.
TEAM/EQUIPO *TEMPORADA*

PLACE OF BIRTH _____
 CITY, STATE, & COUNTRY/CIUDAD, ESTADO Y PAIS

DATE OF BIRTH: MONTH/MES _____ DAY/DIA _____ YEAR _____

PLAYER'S SIGNATURE / FIRMA DEL JUGADOR

PLAYER'S ADDRESS/DIRECCION _____

CITY/CIUDAD _____ STATE/ESTADO _____ ZIP CODE/ZONA POSTAL _____

TELEPHONE/TELEFONO _____ CELL/CELULAR _____

CLUB SECRETARY OR COACH SIGNATURE _____ ADDRESS/DIRECCION _____
 FIRMA DEL SECRETARIO O COACH DEL CLUB _____
 TELEPHONE/TELEFONO _____ EMAIL _____

I, (WE) _____ APROVE THAT _____
 PARENT/GUARDIAN PADRE/TUTOR _____ PLAYER/JUGADOR _____

PARTICIPATE IN THE CALIFORNIA SOCCER LEAGUE I/WE CERTIFY THAT THE INFORMATION IN THIS FORM IS CORRECT AND
 AUTHORIZE A REPRESENTATIVE OF THE CALIFORNIA SOCCER LEAGUE TO VERIFY THE ABOVE INFORMATION. I AM ALSO AWARE
 THAT THE CALIFORNIA SOCCER LEAGUE, OFFICERS, OFFICIALS AND MEMBERS ARE NOT RESPONSIBLE FOR ANY KIND OF
 LIABILITIES FINANCIAL OR OTHERWISE CAUSED BY ANY CLUB OR PLAYER AFFILIATED WITH THIS LEAGUE.

PARENTS/GUARDIAN SIGNATURE _____ DATE/FECHA _____
 FIRMA DE PADRES/TUTOR _____