



El Centro Police Activities League  
 P.O. Box 1948, El Centro, CA 92244  
 Tel: (760) 337-4577 Fax: (760) 337-4578

## SOCCER REGISTRATION FORM

|                               |                |           |   |
|-------------------------------|----------------|-----------|---|
| LEAGUE NAME:<br>EL CENTRO PAL | B/G AGE GROUP: | DIVISION: | <input type="checkbox"/> RECREATIONAL<br><input type="checkbox"/> COMPETITIVE |
|-------------------------------|----------------|-----------|---|

**PAL Use Only**

Picture Taken:  Yes  No  
 DOB Verified:  Yes  No

CLUB/TEAM NAME(S): \_\_\_\_\_

|   |             |            |             |  |             |
|---|-------------|------------|-------------|--|-------------|
| <input type="checkbox"/> Girl<br><input type="checkbox"/> Boy | Birth Date: | Last Name: | First Name: | Initial:   | Kid Trax #: |
| Home Address:   |             |            | City:       | State:<br>CA   | Zip Code:   |
| Home Phone (Area Code & #):                                   |             | Height:    | Weight:     | School:  | Grade:      |
|   |             |            |             | Previous Player:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |             |

Father's Name: \_\_\_\_\_ Father's Signature: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 (Print Name)

Mother's Name: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 (Print Name)

List any medical problems or prohibitions player has: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_ Transport to Hospital: \_\_\_\_\_

| UNIFORM SIZE |                             |                            |                            |                            |                             |         |                             |                            |                            |                            |                             |
|--------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|---------|-----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| YOUTH        |                             |                            |                            |                            | ADULT                       |         |                             |                            |                            |                            |                             |
| Shirts:      | <input type="checkbox"/> XS | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL | Shirts: | <input type="checkbox"/> XS | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL |
| Shorts:      | <input type="checkbox"/> XS | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL | Shorts: | <input type="checkbox"/> XS | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL |
| Socks:       | <input type="checkbox"/> XS | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL | Socks:  | <input type="checkbox"/> XS | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL |

**Fund Raiser** – I give my consent for photographs, in which my son/daughter may appear, to be used in any way the El Centro Police Activities League (PAL) may care to use them. I also agree to participate in any fund raisers (raffles, food sales, car washes. . .) that the El Centro Police Activities League (PAL) conducts during the Soccer League, to raise funds for equipment, uniforms, tournaments, and transportation.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT** – I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of PAL, its affiliated organizations and sponsors, Recognizing the possibility of physical injury associated with soccer and in consideration for PAL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify PAL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf on the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parents Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (minor)** – As the parent or legal guardian of the above named player, I hereby give my 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 my dependent.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_