Please Leave Blank
Date _____ Init._____
CASH _____ CHECK_____
CHARGE_____
AMOUNT PD._____
Total # Siblings _____Rec#_____

Santa Clara P.A.L Soccer - Registration Form

Code of Conduct rec'd (initials)_____

Fees: $ 85.00 per. Applicant; $135.00 two same family; $60.00 each additional child. All **Late registrations are subject to be on a Wait List. SC PAL: 601 El Camino Real, Santa Clara, CA 95050 www.santaclarapal.org**

Fill out this form, **sign** it (parent or guardian), and return it to the P.A.L. Office, ***attached with***:

- **Payment** (check payable to: **S.C. PAL**; **VISA / MC**, cash) Any insufficient checks will be liable for an extra charge of $12.00.
- **Proof of Age (copy of birth certificate or passport)** Age verified by_____(for office use)
- **Photo (must be on photo paper) (headshot only no larger than 1-1/4" x 1-1/4" on photo paper) Important:** All items **must** be **included** or this application will **not** be accepted. Do **not** staple check to this application.

Player's information:
Name (First, Middle, Last):_____

Home ph:_____Work ph:_____Cell ph:_____

Parents/Guardians' name:_____

E-mail address:_____

Emergency contact: name:_____ phone:_____

Uniform size (check one): _____YS ___YM ___YL ___AS ___AM ___AL ___AXL **(No exchanges!)**

_____Birth date (MM/DD/YYYY): _____age as of July 31, 2012 Gender: ____female _____male

Home address (street, **CITY, ZIP**):_____

Medical Insurance Carrier or Medi-Cal #:_____

Soccer experience **(# of years**):_____

Team/Coach Preferences: _____Check here ____ if ok to move up ____

Volunteering availability (check one or more)

___Coach ___ Assistant coach ____Referee ____ Team Parent ____**Snack shack** ___Committee Member
___Field Prep ___Coordinator _____ Fundraising _____ Field Marshal _____

Additional Information: _____

Authorization I, as parent/guardian of said candidate/minor, hereby give permission for said minor to participate in any and all the activities sponsored by said association, and agree to release, indemnify, and hold harmless the association, conference including but not limited to its organizers, sponsors, supervisors, leaders, participants, officials, coaches, any other agents or representatives including persons transporting said minor, from any and all claims arising out of injury to the above said minor except to the extent of and in the amount of, insurance coverage held by the association.

Please Leave Blank
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AMOUNT PD._____
Total # Siblings _____Rec#_____

Insurance PAL has a group Accident Insurance Coverage for medical and hospital expenses, with a given deductible amount for each accident incurred. The PAL insurance is considered as a secondary coverage, when there is any other valid and collectible coverage provided by parents/guardian insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. In executing the foregoing release, I/WE, the undersigned hereby acknowledge and represent that:

Photographs: Santa Clara PAL reserves the right to photograph facilities, activities and program participants for promotional purposes. Photos may be used in brochures, displays and with press releases on City or PAL websites . Individuals may submit their photos for consideration.

(A) I/We understand that any claim for medical service which arises out of injury must be reported to a LEAGUE OFFICIAL WITHIN 24 HOURS of the date of the injury:

(B) I/We have read the foregoing release and understand it, and sign it voluntarily; I/We understand that any registration fee or other sums paid does not constitute a direct payment for insurance.

Emergency Medical Authorization: I as parent/guardian of said minor/candidate do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment and/or examination for said minor/candidate in case of illness or injury occurring from participation in any activities of the association and/or conference. I do hereby consent to any X-ray, examination, and anesthesia, medical or surgical, or dental treatment that is considered necessary reasonable efforts by the attending physician or dental treatment that is considered necessary reasonable efforts will be made to notify me.

Parent/Guardian please initial each item below as I will:

- Exhibit sportsmanlike conduct at all practices and games: (X_____)
- Maximize praise and minimize criticism: (X_____)
- Make corrections calmly: (X_____)
- No teasing or ridiculing players: (X_____)
- No yelling at officials, coaches, managers, or other children: (X_____)
- Maintain self control as a spectator: (X_____)
- Make practice and games FUN for everyone: (X_____)
- Not use profanity or speak wrongly in any language: (X_____)
- Continue to teach game skills and rules of the game: (X_____)
- Follow all rules and regulations of PAL: (X_____)
- No use of alcohol or drugs before or while attending practices or games: (X_____)
- Avoid any inappropriate physical contact with players: (X_____)
- Avoid any inappropriate and/or unlawful physical contact between officials, coaches, managers, other parent/guardian(s) or spectators: (X_____)
- Avoid any conduct that brings discredit to your team, the league, Santa Clara PAL, the Santa Clara Police Department or the City of Santa Clara: (X_____)
- Understand that once I pay for this registration, there is absolutely **NO REFUNDS** unless my child is not placed on any team: (X_____)
- Understand that IF my child is injured, PAL is the SECONDARY INSURANCE.
- Understand there are **NO Exchanges** on Uniform Sizes: (X_____)
- will not litter in the bleachers or surrounding areas.

In addition to abiding by the above Code of Ethics, all parent/guardian(s) MUST understand that ANY violation of the "Code of Ethics" or criminal conduct may result in action by the Activity Board or the PAL Board of Directors including but not limited to not being allowed to attend, participate and/or be a spectator at any of their children(s) practices or games.

NO REFUNDS WILL BE MADE UNLESS CHILD CANNOT BE PLACED ON A TEAM.

We can not guarantee the exact uniform size for late registrations.
Special requests CAN NOT be guaranteed. Our inability to meet a special request is not grounds for a refund.

I have read all the above and understand it completely and hereby place my signature as proof below:
Print Name: _____

Signature: _____ Date: _____