



Sportsplex USA Poway Youth Soccer Registration Form

To register for youth recreational indoor soccer at Sportsplex USA, please complete the registration form and mail with payment or visit Sportsplex USA Poway. Credit card payments will be accepted at the Sportsplex USA Office.

Registration Deadline – January 10, 2012

PLEASE MAIL WITH PAYMENT TO: Sportsplex USA Poway - PO Box 769, Poway CA 92074

To receive league updates and important contact information, please visit www.sportsplexusa.com and click REGISTER at top right to create account.

Any questions, please contact Sean Scott at 858-679-4000 x317 or sean.scott@sportsplexusa.com

YOUTH INDOOR SOCCER REGISTRATION

IMPORTANT! PLEASE LIST YOUR EMAIL BELOW. WILL BE USED ONLY FOR LEAGUE COMMUNICATION

Registration form fields including: PLAYER'S NAME, ADDRESS, PARENT(S) NAME, HOME PHONE, DAYS / TIMES YOU CANNOT PRACTICE, FEES, AGE DIVISION, I WANT TO VOLUNTEER!, I WANT TO BE A TEAM SPONSOR, SPECIAL CIRCUMSTANCES.

Payment section: Date Received, Amount, CASH, CHECK, CREDIT, Receipt No, Initials, Make checks payable to: Sportsplex USA

Activity Participation Release

Child's Name
I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the Sportsplex USA program described herein. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold Sportsplex USA liable for any injuries incurred during the program whether caused by equipment or the acts or omission of others including Sportsplex USA personnel. I further agree and specifically intend to waive as to the Sportsplex USA staff, officers and directors thereof any claim know or unknown to me. I do hereby authorize the Sportsplex USA as agent for the undersigned, to consent with respect to the minor any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Sportsplex USA are not responsible for costs incurred for medical care. If I participate in the program, whether as coach, instructor, aide, spectator, or participant, I presently waive as to Sportsplex USA and staff, officers and directors thereof, any claim presently known or unknown for damage to property or personal injury whether caused by equipment or the acts or omissions of others including Sportsplex USA personnel.

Parent/Guardian Signature Date