ODP Sign-up

Any player that at any time is not registered with a CYSA team in the League One Data base (the official database for all CYSA members) or is not actively participating on a CYSA team playing in CYSA league play is not a CYSA registered player. Before any such player may participate in the CYSA Olympic Development Program the player must sign up directly at the CYSA Office and pay a fee in the amount of $12.50 (This fee is in addition to the required try-out fee and all other usual and customary fees that are charged all ODP participants.) Insurance coverage included in this fee will be in effect only until August 31st (the end of the seasonal Year) and is effective only for the player's participation in the ODP program. After September 1st, a player who is not a registered CYSA player will need to again sign up at the CYSA office to continue participating in the CYSA ODP. Once a player has signed up and paid the fee for the seasonal year, they will be permitted to participate in the Olympic Development Program (only) for sanctioned District ODP Try-outs, trainings, State ODP Try-outs and Training and any US Youth Soccer Regional ODP events. Players who are not CYSA registered players and who are signed up for ODP will not be deemed a CYSA Member, and will not be eligible for CYSA Membership benefits, other than insurance that is effective only for the player's participation in the ODP program.

ODP Sign-up will be only available through the CYSA office in Pleasanton. Signing up for ODP does not constitute an automatic invitation to any level of ODP. All policies and procedures set forth by the District, State, Regional or National ODP must be followed, and all players will be required to complete the US Youth Soccer and CYSA ODP Code of Conduct to participate. CYSA retains the right at any time to terminate players CYSA ODP participation.

CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.

OLYMPIC DEVELOPMENT PROGRAM SIGN-UP FORM

2012/2013 SEASON

There is a $12.50 required fee. The ODP age groupings are on a calendar year (January-December) ONLY. Players are only permitted to try-out for the pool that is specific to their birth year and gender. (i.e. boy born in 1999, you can only try-out for the 1999 boys pool etc…). Players invited to ODP Try-Outs may have to provide proof of Age. Forms that are not complete and without the $12.50 fee will be returned and not processed.

PLAYER INFORMATION

Legal First Name:_____ Mid Init:_____ Last Legal Name:_____

Date of Birth (MM/DD/YY):_____ Gender: ☐ M ☐ F Mother's Birth Date (MM/DD/No Year Req'd):_____/_____

Email:_____ Grade:_____ Graduation Year:_____Last CYSA Season:_____

Emergency Contact:_____ Home Phone:_____ Cell Phone:_____

List any medical conditions that player has that could affect participation:_____

Player's Physician:_____ Phone:_____

Insurance Carrier:_____ Policy #:_____Policy Holder:_____

LEGAL GUARDIAN INFORMATION

Legal Guardian type: ☐ Father ☐ Mother ☐ Other/Legal

First Name:_____ Last Name:_____

Company:_____ Occupation:_____ Gender: ☐ M ☐ F

Home Address:_____

City:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Business Phone:_____ Email:_____

OFFICIAL USE ONLY

Fees:_____

Other Fees:_____

Total:_____

☐ Cash ☐ Check#:_____

Rec'd by:_____

Date:_____

IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST BE SIGNED

I, the parent/legal guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators or the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and CYSA Parties the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

I hereby consent to emergency medical or surgical care provided to the above-named player by any licensed health care professional, including doctors of medicine and dentistry.

I declare under Penalty of Perjury under the laws of the State of California that the information that I have furnished on this form is true and correct to the best of my knowledge. This declaration was executed at (City): _____,_____ California, on (Date):_____

Signature:_____