

Team Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Jersey # \_\_\_\_\_

Sizing: Youth Women Men									
Jersey		Shorts		Jacket		Pants		Socks	



ATLÉTICO SANTA ROSA

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# Registration Packet

## Player's Information

### Please Return:

\$200.00 Registration Fees  
US Club Registration Form  
Signed Code of Conduct Policy  
ACH Authorization Form  
Copy of Birth Certificate  
Void Check  
1 Digital Photo

## Información del Jugador

### Favor Entregar:

\$200.00 Registracion  
US Club Forma de Registraci3n  
Firmar el C3digo de Conducta  
Formulario de Autorizaci3n ACH  
Copia de la Acta de Nacimiento  
Cheque Cancelado  
1 Foto Digital



This form should be submitted to your home team's club.

### YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or the player's 18<sup>th</sup> birthday, whichever occurs last.

Club Name: Atletico Santa Rosa #1212 City: Santa Rosa State: CA

League Name:

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature Date Parent/Guardian Signature Date

### PLAYER'S MEDICAL INFORMATION

Player's Name: Birth Date: Gender: Female Male

Street Address: City:

State: Zip: Email Address:

Parent Name: Home Phone: Bus Phone:

Email Address: Cell Phone: Receive texts? Yes No

Parent Name: Home Phone: Bus Phone:

Email Address: Cell Phone: Receive texts? Yes No

#### In an emergency when parent/guardian cannot be reached, please contact the following:

Name: Phone 1: Phone 2:

Name: Phone 1: Phone 2:

Please list Allergies the player has:

Please list other medical conditions:

Physician Phone 1 Phone 2

Medical/Hospital Insurance Company Phone

Policy Holder's Name Policy Number

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature Date Relation to player: Father Mother Guardian

**Play with Integrity:** One of the most essential lessons a child can learn from sports is to follow the rules. Make sure your team understands the rules and doesn't break them, even if they have the opportunity to get away with it.

**Respect the Officials:** It's important to teach not only our young athletes but also our parents and coaches to respect the referees and officials. Our kids have a watchful eye and take notice when parents and coaches are disrespectful.

**Be a Good Sport.** This means doing what we can to lift our teammates up and help them reach their potential. Being a good teammate means also being a good person on and off the field regardless of the outcome.

**Maintain Self-Control.** Keep your cool, have a positive attitude, and don't overreact during practice or games. Be encouraging of other players.

**Let the Coach's Coach:** Avoid chiming in with your coaching advice for the team, or other parents. Let those in charge run the plays.

**Penalties that may be imposed by the club include:**

Repeated or serious violation of this policy may result in penalties including oral and written reprimand, monitoring of future behavior by an outside official, and/or probationary status. Any sanction shall be imposed only after appropriate warning, notice of alleged violation, and hearing before the appropriate officials.

1. If any game is interrupted because of behavioral issues, involved parties will have to comply with a NorCal PAD Committee suspension and a club suspension.
2. Depending on the gravity of the incident various suspensions may include the following disciplinary actions by the club:
  - a) 3 months suspension from practices and games
  - b) 6 months suspension from practice and games
  - c) 1 year suspension from practice and games
  - d) Release from the club

We have read the Code of Conduct and agree to abide by all terms and conditions.

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Player Signature	Parent Signature	Date
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Print Player Name	Print Parent Name	Date
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# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize **Atletico Santa Rosa**, to initiate debit entries to my (our)

Checking savings account (please put a check mark next to the appropriate box) at the depository financial institution named below.

The **monthly fee** is **\$80** and will be debited on the **5<sup>th</sup> of each month.**

**Annual registration renewal fee** is **\$100** and will be debited on **March 5<sup>th</sup> of every year.**

**Player pass renewal fee** is **\$25** and will be debited on **July 5<sup>th</sup> of every year.**

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until Atletico Santa Rosa has received the **ACH Stop Payment Request form** (the form is on the Atletico website under club tab, forms or ask your coach) which requires **30 days advance** notice before the 5th, the ACH processing day.

ACH Stop Payment Request Form can be mailed, emailed, or faxed to:

Atletico Santa Rosa, PO Box 2215, Santa Rosa, CA 95405

E-Mail: sheenachu64@yahoo.com

Fax: (707) 586-6634

**\* A VOID CHECK IS NEEDED FOR ACH PROCESSING**

VOID CHECK PLEASE

## Names on the Account:

Name: \_\_\_\_\_

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

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

Your Child's Name: \_\_\_\_\_

Your Child's Team Name: \_\_\_\_\_