



WELCOME TO CANYON PSA JUNIORS

Junior Player Information

(circle One)
New or Returning Junior

Player Name _____

Street Address _____

City _____ State CA Zip _____

Birthdate ____/____/____ Age _____ Grade _____

Current Level of Soccer: Clinic/Recreation Signature Club

Juniors Academy Sessions: Choose all that apply. \$10 1st Session; \$5 for all sessions after with PSA Juniors T-shirt on.

Session Date	Amt Paid	Cash/Ck	Session Date	Amt Paid	Cash/Ck

Parent Information

Father / Guardian

Mother / Guardian

Name	_____
Home Phone #	_____
Cell Phone #	_____
Email Address	_____

Medical / Other information we should know _____

How did you hear about CPSA Juniors?	<input type="checkbox"/> Website	<input type="checkbox"/> Mailer/Postcard
	<input type="checkbox"/> Friend Relative	<input type="checkbox"/> Advertisement Banner

On behalf of the participant named on this registration, for myself and all others, the undersigned parent or guardian, agrees to release indemnify all persons and entities including Canyon PSA Soccer Club, Inc, Orange Unified School District, City of Anaheim and their agents, employees, officers or other operatives, from any and all claims for liability of any type or nature (including personal injury) whether directly or indirectly caused in whole or in part by the releases just named, arising out of or in connection with activities conducted by the Canyon PSA Juniors, and further assumes any and all risk of injury to the participant occasioned thereby. I hereby authorize the Directors and/or Coaches of the Canyon PSA Soccer Club, Inc to act for me according to their best judgment in an emergency requiring medical attention.

Parent / Guardian Signature _____ Date ____/____/____