

Milpitas PAL Soccer Fall 2019 - Registration Form

Fees: Early Bird (through Jun 15): \$100.00, \$10 off for each additional child at same address.

Regular (through July 15): \$110.00, \$10 off for each additional child at same address.

Head Coaches' children: \$50.00.

Late (after July 15): \$130.00 (no siblings discount).

Fill out this form, sign and initial it (parent or legal guardian), put it in an envelope together with:

- payment (check made out to MPALS, money order, cashier check, or reference to online payment made at www.milpitaspalsoccer.com)
- proof of age (copy of birth certificate, DMV ID, passport ...) if new player with PAL
- copy of High School attendance card (for players who are over 18 after July 31 2019)

and mail to:

MPAL Soccer - Registration

PO Box 362359

Milpitas, CA 95036-2359

Player's information:

Name (first, middle, last): first middle last

Birthdate (m/d/y): _____ Gender (check one): female male

Home address: street city ZIP

Parents/guardians' names: _____

Phone numbers: _____

e.mail addresses: _____

Emergency contact - name: _____ phone: _____

Jersey (circle one): YXS YS YM YL AS AM AL AXL A2XL A3XL

Shorts (circle one): YXS YS YM YL AS AM AL AXL A2XL A3XL

Experience (# of seasons): ____ Medical Insurance Carrier or Medi-Cal#: _____

Preferences/requests: _____

Volunteering availability (check one or more, we appreciate your help):

Coach Assistant coach Referee Snack shack Board member Team parent

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, and 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.

INSURANCE PAL has group Accident Insurance Coverage for medical and hospital expenses, with a given deductible amount for each accident incurred. **The PAL insurance is considered as secondary coverage**, when there is any other valid and collectible coverage provided by parent's 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: (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 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 premium payment for insurance.

EMERGENCY MEDICAL AUTHORIZATION: I, as parent of said candidate/minor, 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 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 by the attending physician or dentist. I understand that in an emergency, reasonable efforts will be made to notify me.

PAL PUBLICITY RELEASE: I hereby grant to the San Jose Police Activities League, the worldwide and perpetual right and authority to use, reproduce, distribute, broadcast or otherwise transmit, publish and display in whole or in part, my child's name, photograph, or any other likeness and/or biographical information I may provide, and any statement I or my child have made or may make concerning the PAL Program in any and all media now known or hereafter invented, in perpetuity, for the purpose of trade, promotion and/or otherwise without compensation or additional consideration, except where prohibited by law.

Parent/guardian, initial each will:

- Exhibit sportsmanlike conduct at all practices and games (X _____)
- Stress playing hard to win, over winning itself (X _____)
- Maximize praise and minimize criticism (X _____)
- Make corrections calmly, not yelling at your child or other players (X _____)
- Not ridicule your child/players nor allow your child/players to tease or taunt opponents (X _____)
- Not yell 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 towards players, coaches, officials or other parents or spectators (X _____)
- Continue to teach game skills and rules of the game (X _____)
- Follow all rules and regulations of PAL (X _____)
- Not use 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 players, other parent/guardian(s) or spectators. (X _____)
- Avoid conduct that brings discredit to your team, the league, Milpitas PAL, the Police Department or the City of Milpitas. (X _____)

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 REFUND WILL BE MADE UNLESS CHILD CANNOT BE PLACED ON A TEAM.

WE CANNOT GUARANTEE THE EXACT UNIFORM SIZE. IT IS HIGHLY RECOMMENDED THAT THE CHILD TRIES OUR SAMPLES AT SIGNUPS.

SPECIAL REQUESTS CANNOT BE GUARANTEED. OUR INABILITY TO MEET A REQUEST IS NOT GROUNDS FOR A REFUND.

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

PARENT/GUARDIAN Print name: _____

Signature: _____ Date: _____

I hope you enjoy your participation and wish you a successful season.

Armando Corpuz, Chief of Police