

**LA GALAXY BAKERSFIELD  
PLAYER REGISTRATION FORM**

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Sex:    M    F

Parent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Or guardian: \_\_\_\_\_ if different

Parent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Or guardian: \_\_\_\_\_ if different

Email: \_\_\_\_\_

Please fill in any medical conditions that the coaches may need to be aware of: \_\_\_\_\_

**REGISTRATION INFORMATION**

New Player     Returning Player    Last Club or Team Name: \_\_\_\_\_

**Birth Year** \_\_\_\_\_

**Bib/Jersey #** \_\_\_\_\_

**PARENT RELEASE FORM**

I, the parent or guardian of the registrant, a minor, hereby give approval of the registrant's participation in any activity for LAGB and agree that I and the registrant will abide by the rules of the LAGB, its affiliated organizations (CYSA) and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the LAGB accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the LAGB, its affiliated organizations (CYSA) and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As Parent or Legal Guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a dually licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

**Signature of parent or guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_