



California Youth Soccer Association, Inc. Membership Form / Forma de Membresía

20__/20__ Season / Temporada

PLAYER INFORMATION / FORMACION DEL JUGADOR

Legal First Name* / Nombre (legal) _____ Middle Initial / Inicial _____ Legal Last Name* / Apellido _____ Suffix (e.g. Jr.) _____ Gender* Género _____

Birth Date/ Fecha de nacimiento _____ # Prev Seasons / Temporada Anterior _____ Grade / Grado _____ School Name (during season of play) / Nombre de Escuela (durante la temporada) _____

List any medical conditions that player has that could affect participation / Listar condiciones médicas del jugador que le pueden afectar en la competencia

GUARDIAN INFORMATION / FORMACION

Check here if your contact info has changed. / Haga clic aquí si su información de contacto ha cambiado

Legal First Name / Nombre (legal) _____ Legal Last Name / Apellido _____

MI / Gender* / Relation / Parentesco Email
Inicial Género

Address / Dirección _____

City / Ciudad _____ State / Estado Zip / Area postal _____

Mobile Phone / Cell _____ Home Phone / Tel. de Casa _____

PARENTAL/VOLUNTEER SUPPORT / APOYO DE LOS PADRES

Coach Manager Referee Board Fields Concessions Publicity Fundraising

Other: _____

GUARDIAN INFORMATION / FORMACION

Check here if your contact info has changed. / Haga clic aquí si su información de contacto ha cambiado

Legal First Name / Nombre (legal) _____ Legal Last Name / Apellido _____

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Other: _____

MEDICAL AND LIABILITY RELEASE / IMPORTANCIA MEDICA Y LIBERACION DE OBLIGACIONES - DEBE DE SER FIRMADO

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, 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 of 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.

As the parent/legal guardian of the above-named player, or player age 18 or over, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of me or my dependent.

I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two different CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).

Yo, el padre/guardian legal del jugador antes mencionado, un menor de edad o un jugador edad de 18 años, estamos de acuerdo en obedecer las reglas y regulaciones de la U.S. Youth Soccer (USYS) y sus organizaciones afiliadas, la California Youth Soccer Association INC. (Cal North) y sus organizaciones afiliadas. Yo mismo(a), el jugador y respectivos herederos, administradores y asesores, que intentan estar ligados legalmente, por este medio le dan e indemnizan a las entidades USYS y Cal North, los dueños y operadores o las instalaciones que se usan para los programas y sus respectivos directores, oficiales, empleados, agentes y representantes de alguna demanda en contra de ellos, daños y causas de alguna acción surgida en conexión con la participación del jugador en los programas sin incluir ninguna limitación, la transportación del jugador hacia o desde cualquier programa, dicha transportación es por este medio autorizada. Yo, a continuación concedo a la USYS y Cal North los derechos para usar el nombre del jugador, fotos y/o similar a impreso, publicado y otro material sobre los programas proveidos que esté relacionado al estatus del jugador como participante en los programas.

Como el padre/guardian legal del jugador antes mencionado, o un jugador de edad de 18 años o más, yo por este medio doy mi consentimiento para obtener cuidado médico de emergencia proveido por un doctor en medicina o dentista. Este cuidado médico puede ser dado bajo las condiciones necesarias para preservar la vida, miembros o el bienestar mío y de mi dependientes.

Entiendo que si este jugador ha sido registrado y se le ha asignado equipo dentro de una liga de Cal North, en cualquier momento durante esta temporada y que solamente si el o ella solicitan su transferencia de su equipo, este jugador no podrá ser asignado a otro equipo dentro de Cal North. Si un jugador ha sido registrado y asignado a dos equipos diferentes de Cal North y/o si han dado información falsa, sería causa de que el jugador o equipo sea descalificado de toda competencia en la cual el jugador participó, además el jugador y equipo podrían enfrentar acciones disciplinarias adicionales. Además, reconozco que Cal North ha proporcionado una hoja informativa para padres y Hoja informativa para los atletas sobre concusiones que yo mismo he revisado con mi hijo.

LEAGUE/CLUB USE ONLY

Date Received _____

Picture Received

Birth Doc Received Birthdate Verified

Payment Received _____

Cash _____ Check _____

Scholarship _____



SIGNATURE OF PARENT/LEGAL GUARDIAN/ FIRMA: _____

DATE/FECHA: _____



MISSION YOUTH SOCCER LEAGUE

Location: 2300 16th Street #170, San Francisco, CA. 94103

Mailing Address: PO Box 411345, San Francisco, CA 94141

League Director Cell: (949) 698-3882

Email: rhernand0916@icloud.com www.missionyouthsoccer.com

ESTABLISHED IN 1991

The Mission Youth Soccer League promotes a soccer program for youths ranging in ages from 4 to 19. The MYSL soccer year runs from August through August of the following year.. MYSL is part of the California Youth Soccer Association (“CalNorth”), SAY Soccer and US Club Soccer.

2023/2024 PARENT COMMITMENT LETTER

- If my child is joining a team that plays year round, I understand that the time commitment to this team is for one year and that my son/daughter is expected to participate year round.
- I understand that my child is expected to be at 80% of practices and 80% of games. If he/she does not attend the minimum amount of practices and games he/she could be asked to leave the team.
- I understand that there is a financial commitment to this team . All fees must be paid when due.
- I understand that registration fees do not cover all costs. Uniforms, tournament fees, equipment and some referee fees are the responsibility of individual teams.
- I understand if my child is not registered for any reason or my child is asked to leave the team or league for disciplinary reasons, fees will not be refunded.
- I understand that no transfer or release at my request will be allowed if any fees have not been fulfilled with MYSL, other leagues, coaches or community centers, and that MYSL may impose a fee for any transfer.
- I understand that no transfer or release at my request will be allowed prior to December 1, of the given year, for any reason.
- I understand that my son/daughter has to fulfill their commitment with their Fall team and failure to do so may result in being dropped from the team for the remainder of the 2023/24 soccer season.
- I understand my son/daughter cannot be a guest player for an entire season and relinquish their commitment with his or her team. If found doing so, I understand that no transfer will be given.
- I understand there are league rules that define the limits whereby my child may register to play with a team that is in an age group higher than my child’s proper age group (“playing up”) and that my child’s team may be competing against other teams in the older age group.

By registering with MYSL, I give permission to release my address and phone number to the San Francisco Recreation and Park Department. If I refuse to this release this information, I understand that I must include a letter attached to the registration form notifying MYSL that this release of information is unacceptable. Once that is received MYSL will then withhold that information from the San Francisco Recreation and Park Department.

As the parent/guardian of (player name) _____, I agree that I have read the above statements and understand the commitment expected of my child and pledge to support him or her as part of the MYSL (team name) _____.

Parent / Legal Guardian name _____

Signature _____ Date _____, 202__

PLAYER SCHOOL IN FALL 2023 _____ PLAYER GRADE IN FALL 2023 _____



All League Joint Code of Conduct

San Francisco Soccer Leagues

The following is a Code of Conduct that each parent and spectator must abide by to ensure that our youth participate in a positive environment, applicable for the complete soccer year (Fall, Winter, Spring and Summer Seasons) for all Mission Youth Soccer League registered players and spectators.

It is the goal of all San Francisco Youth Soccer Leagues to develop player soccer skills as well as self-esteem and self confidence. Players should play their best while learning to win and lose with good sportsmanship. Coaches are responsible for the conduct of their spectators and are advised to assign an assistant coach or team parent to monitor the activity of their spectators during the game.

Safety is a primary concern of all Leagues for all players and spectators. Safety does not only include immediate physical harm but emotional harm as well. Therefore the following rules apply:

- No hanging, pull-ups or climbing on goals, by anyone.
- All coaches and parents must be familiar with the signs, symptoms, and warnings of possible concussions. This includes the stages of seeking emergency care or medical attention, and receiving a medical release from a doctor before returning to the field.
- **Location of Spectators:** At all games spectators are to stand back at least 3 feet from the sideline. This allows the players to play the sidelines and everyone to see. Spectators and Coaches may never stand behind either goal line. Spectators should be on the opposite side of the field from the coaches and players (except when there is only one side available). Spectators, players and coaches are required to abide by all posted Rec and Park field usage guidelines including, but not limited to: all spectators must stand BEHIND the FENCE at all times at the Polo Fields, Franklin, Garfield, Beach Chalet and any other newly renovated gated field.
- **Spectators May Not Coach:** Spectators are to provide support and are never to provide direction or instruction to any participant, including your own child. Spectators may not provide direction or instructions to any player. This is the job of the licensed coach or assistant coach. Positive cheering and encouragement is fine.
- **No Referee Interaction:** This means SPECTATORS MAY NOT DISAGREE WITH, QUESTION, CRITICIZE THE REFEREE or SPEAK TO THE REFEREE BEFORE, DURING OR AFTER A GAME. THIS RULE APPLIES EVEN IF THE REFEREE MAKES A MISTAKE. Every year we lose many referees because they do not like the abusive treatment that they receive from spectators during the season. Referees do make mistakes and your coach has a method for providing feedback to the League after the game if the referee needs constructive criticism. If you have an issue with your referee, speak to your coach after the game. The coach or spectators may not object to a referee's call or judgment on the field either during or after the game. The coach or spectators may not question a referee at any time. The referee is not required to give your team a warning; he/she may merely report the misconduct after the game. Each League will sanction teams, coaches and/or spectators who violate this rule. Due to the shortage of referees, sometimes you may not have a referee for your game and the coaches will act as referee. These acting referees are entitled to the same respect.
- **How Parents and Spectators Can Help:** Follow this code of conduct and hold other parents and spectators accountable to the code. Please help your coach by arriving on time with your player dressed in his/her official uniform, shin guards with socks over the top and shoes. Make sure your player has a water bottle available to them. Make sure your player attends practice where he/she will have a chance to learn. Please cheer for everyone. When you have a question about game day, times or rules, your first point of reference should always be your team manager or coach. Team staff are in charge with the most up-to-date information for their specific teams.
- **Redefine A Winner:** Redefine what it means to be a "Winner" in your conversations with players and other fans. Winners are people who make maximum effort, continue to learn and improve, and do not let mistakes, or fear of making mistakes stop them. Learning from mistakes is part of the game. Also, remember that all children are born with different abilities and develop at

different rates. The true measure of how a child is doing is not in comparison to others but rather in comparison to his/her prior best. If you only judge the success of a game by whether your child's team wins, you should expect to be unhappy half of the time (our goal is to make sure that each team experiences both winning and losing).

• **No Alcoholic Beverages or Smoking:** The City of San Francisco stipulates that no smoking or alcoholic beverages of any kind are allowed at youth sporting events.

Help make this a positive experience for everyone. Teams and parents who do not follow this Code of Conduct will be sanctioned. A parent/guardian must sign page 2 of this document.

I have read the San Francisco Soccer All League Spectator Code of Conduct and agree to abide by its terms. I understand that during or after any game involving my child in youth soccer I may not:

1. Question a call by a referee or assistant referee.
2. Criticize the referee or assistant referee.
3. Make suggestions to the referee as to the appropriate call.
4. Tell players on the field what to do (only coaches on the coaches' side of the field may do this).
5. Make negative comments directed at any player or team.
6. Raise issues with my coach about his or her coaching on game day. If I have an issue, I will raise the issue privately with the coach at another time and place.
7. Behave disrespectfully towards any league representative.

As a parent, I may only cheer positively for any team. I understand that there are other rules that may be applicable to spectators and I am responsible for knowing these rules.

For Recreational Teams : I also understand that my player is participating a recreational soccer league. This means that every player must play at least 50% of the game (each League encourages equal playing time for all). The goal is for teams to share equally in winning and losing and learn how to win and lose with good sportsmanship. Also, recreational teams may not try out players, select players based on ability or cut players who are not "competitive enough." The only exceptions to these requirements are for players who miss practice on an unexcused basis or are disruptive to practice.

I understand that if I violate any of these rules, I will jeopardize my child's and my child's team's ability to play soccer in youth leagues in San Francisco

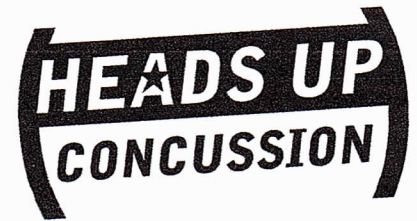
I have read and agree to adhere to the "Joint League Spectator Code of Conduct".

Team Name _____ Team Number _____

Player Name: _____

Parent/ Guardian Signature Parent /Guardian Name Date

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.


What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

 **Plan ahead.** What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

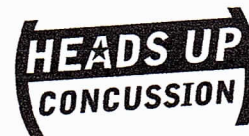
Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to
www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

CalNorth Informed Consent/Waiver/Release and Acknowledgment of Risk of Injury, Loss & Communicable Diseases including COVID-19

In consideration of being allowed to participate in our youth soccer athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees on behalf of _____ ("Participant") that:

1. Participation in the athletic programs and the related events and activities by Participant includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death to Participant does exist; and information concerning COVID-19 and its transmission is still being acquired, with much that is currently unknown, with new information continuing to be obtained on a frequent basis. There is no assurance, and can be no assurance, that all information is known which would limit the risk of participation in the forgoing athletic programs and related events and activities; and,
2. With the understanding that participation in athletic activities and related events of the type conducted by Mission Youth Soccer League are not required or necessary, but are being undertaken voluntarily by Participant with the consent and acknowledgment of the undersigned with full knowledge of the risks and uncertainties involved, I knowingly and freely assume on behalf of Participant all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for Participant's participation; and,
3. I and Participant willingly agree to comply with the stated and customary terms and conditions for participation and will follow all guidance which is established for protection against infectious diseases. If, however, I or Participant observe any unusual or significant hazard during my presence or Participant's participation, I will remove Participant from participation and bring such to the attention of the nearest official any such matter immediately; and,
4. I, for myself Participant and on behalf of our respective heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Mission Youth Soccer League, California Youth Soccer Association, Inc., their officers, officials, coaches, members, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (collectively "Releasees"), while participating in activities of any kind whether sponsored by or under the supervision of Mission Youth Soccer League and California Youth Soccer Association Inc. and with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of Releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS INFORMED CONSENT/RELEASE OF LIABILITY AND ASSUMPTION AND ACKNOWLEDGMENT OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON MY BEHALF AND ON BEHALF OF PARTICIPANT BY SIGNING IT. I AM FULLY INFORMED AS TO ITS CONTENT AND HAVE HAD ADEQUATE OPPORTUNITY TO READ AND REVIEW IT AND TO CONSULT WITH SUCH ADVISORS AS I HAVE DEEMED APPROPRIATE, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT FOR PARTICIPANTS OF MINORITY AGE UNDER AGE 18 AT THE TIME OF REGISTRATION

This is to certify that I, as parent/guardian, with legal responsibility for this Participant, have read and explained the provisions in this informed consent/waiver/release/assumption and acknowledgment of risk to my child/ward who is the Participant including the risks of injury, illness and death which may arise from participation in athletic activities and related events, and I am informed of and acknowledge Participant's personal responsibilities for adhering to all rules and regulations for protection against communicable diseases. Furthermore, I have discussed these risks with Participant and Participant understands and accepts these risks and responsibilities. I, for myself, my spouse, and Participant do consent and agree to the releases, acknowledgments and assumptions of risk provided above for all the Releasees and myself, my spouse, and Participant do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to Participant's presence or participation in these activities as provided above, **EVEN IF ARISING FROM RELEASEE'S NEGLIGENCE**, to the fullest extent provided by law.

Name of Participant: _____ Name of
parent/guardian: _____ Parent guardian/signature:
_____ Date signed:



MYSL ACKNOWLEDGEMENT OF RISKS

The collective effort and sacrifice of San Francisco residents staying at home limited the spread of COVID-19. But community transmission of COVID-19 within San Francisco continues, including transmission by individuals who are infected and contagious, but have no symptoms. Infected persons are contagious 48 hours before developing symptoms (“pre-symptomatic”), and many are contagious without ever developing symptoms (“asymptomatic”). Pre-symptomatic and asymptomatic people are likely unaware that they have COVID-19.

Sports, dance, and cardio/aerobic exercise are higher risk for COVID-19 transmission, and have been linked to numerous outbreaks. In other parts of the U.S., youth sports have been a significant source of COVID-19 spread among youth. The risks are generally much higher indoors than outdoors for these activities. But these activities are higher risk for COVID-19 in any environment because people breathe much more air when exercising, and have close contact in many sports. During exercise, a person with COVID-19 breathes many more infectious droplets into the air. The infectious droplets in their breath travel further because they are breathing harder. People are also more likely to be infected during exercise because they are breathing more air.

The availability of organized youth sports activities hosted by a school program, childcare program, or out of school time program, is an important step in the resumption of activities. But the decision by the Health Officer to allow organized youth sports activities that follow required safety rules, does not mean that attending and participating in organized youth sports activities is free of risk. Enrolling a child in organized youth sports could increase the risk of the child becoming infected with COVID-19. Moderate-contact and high-contact sports, which can require frequent, close contact between participants, increase the risk of COVID-19 transmission. While the majority of children that become infected do well, there is still much more to learn about coronavirus in children, including from recent reports of Multisystem Inflammatory Syndrome in Children (MIS-C).

Each parent or guardian must determine for themselves if they are willing to take the risk of enrolling their child in organized youth sports, including whether they need to take additional precautions to protect the health of their child and others in the household. They should carefully review the SFPDPH COVID-19 youth safety guidance at <http://www.sfcdcp.org/CovidSchoolsChildcare>. They should particularly consider the risks to household members who have a higher risk of severe COVID-19 illness, including older adults and other people with chronic conditions or compromised immune systems. Parents and guardians may want to discuss these risks and their concerns with their pediatrician or other health care provider.

More information about COVID-19 and MIS-C, is available on the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/>. See [sfcdcp.org/covid19hcp](http://www.sfcdcp.org/covid19hcp) for a list of groups at higher risk for severe COVID-19

I understand the risks associated with enrolling my child in organized youth sports, and agree to assume the risks to my child and my household. I also agree to follow all safety requirements that the Host of the organized youth sports activity imposes as a condition of enrolling my child.

I understand that, during the time my child is participating in this program with MYSL, he/she may not attend or participate in any other programs.

Player name	Team name/#
Parent name	
Parent signature	date

Authorization for Release of Confidential Student Information

Agency Name: _____

Participant Name: _____ Date of Birth: _____

The San Francisco Department of Children, Youth, and Their Families (DCYF) funds our agency and the services we provide. To fulfill the requirements of this funding, we share information about the participants in our services with DCYF. DCYF and the San Francisco Unified School District (SFUSD) maintain a shared, secure database to record information about services provided to San Francisco youth by DCYF's grantees in order to facilitate outreach and enrollment and track program use and impact. As a DCYF grantee, our agency has access to the shared database to both see and report data about the youth we serve. The data that we report to DCYF is also shared with SFUSD.

By signing this form, you authorize

1. Our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that our agency reports to DCYF includes:
 - Person information, such as name, date of birth, and address;
 - Demographic information, such as race/ethnicity and gender identity;
 - Education information, such as school name and grade level;
 - Participation in activities and services, such as dates of attendance dates and hours attended; and
 - Anonymous and voluntary youth experience surveys.
2. SFUSD to share certain information about your child (or you, if you are 18 years of age or older) with authorized staff from our program as a DCYF grantee. The information that SFUSD reports to DCYF includes:
 - Personal information, such as name, date of birth, and address;
 - Education information, such as school name and grade level; and
 - Dates of attendance in SFUSD or an SFUSD school.

DCYF, SFUSD, or our agency will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

Restrictions: All information that we provide or access that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure and re-disclosure of student education records. Parties other than DCYF, SFUSD and our agency will not have access to any personally identifiable information that is reported into the database, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

Expiration: This authorization expires on June 30, 2024.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, and SFUSD to our agency, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name: _____

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature: _____ Date: _____

Autorización para la divulgación de información confidencial del estudiante

Nombre de la agencia: _____

Nombre del participante: _____ Fecha de nacimiento: _____

El Departamento de Niños, Jóvenes y sus Familias de San Francisco (DCYF, por sus siglas en inglés) financia nuestra agencia y los servicios que ofrecemos. Para cumplir con los requisitos de este financiamiento, compartimos información sobre los participantes de nuestros servicios con DCYF. DCYF y el Distrito Escolar Unificado de San Francisco (SFUSD, por sus siglas en inglés) mantienen y comparten una base de datos segura para registrar información acerca de los servicios que las entidades subvencionadas por DCYF ofrecen a los jóvenes de San Francisco con el fin de facilitar la difusión del programa, la inscripción y hacer un seguimiento del uso y el impacto del programa. Como entidad subvencionada por DCYF, nuestra agencia tiene acceso a esta base de datos compartida con el fin de reportar datos sobre los jóvenes a los que servimos. Los datos que reportamos a DCYF también se comparten con el SFUSD.

Al firmar este formulario, usted autoriza que:

1. Nuestra agencia comparta información sobre la participación de su niño en nuestro programa (o su participación, si usted tiene 18 años o más) con personal autorizado en DCYF y SFUSD para los propósitos descritos anteriormente. La información que nuestra agencia reporta a DCYF incluye:
 - Información sobre la persona, como el nombre, la fecha de nacimiento y la dirección;
 - Información demográfica, como raza/etnia e identidad de género;
 - Información educativa, como el nombre de la escuela y el grado;
 - Participación en actividades y servicios, como fechas de asistencia y horas de asistencia;
 - Encuestas anónimas y voluntarias sobre la experiencia de los jóvenes.
2. SFUSD comparta cierta información sobre su niño (o usted, si tiene 18 años o más) con personal autorizado de nuestro programa como entidad subvencionada por DCYF. La información que SFUSD reporta a DCYF incluye:
 - Información personal, como el nombre, la fecha de nacimiento y la dirección;
 - Información educativa, como el nombre de la escuela y el grado;
 - Fechas de asistencia en el SFUSD o en una escuela del SFUSD.

DCYF, SFUSD o nuestra agencia no reportarán públicamente ninguna información que nosotros compartamos de manera que pueda utilizarse para identificar a su niño (o a usted, si usted tiene 18 años o más).

Restricciones: Toda la información que proporcionamos o a la que tenemos acceso que está relacionada con un estudiante del SFUSD está protegida por las leyes federales y estatales que rigen el uso, la divulgación y la repetición de la divulgación de los registros de educación estudiantil. Las entidades que no sean DCYF, SFUSD o nuestra agencia no tendrán acceso a ninguna información personal identificable que se reporte en la base de datos, excepto en la medida en que las partes hayan obtenido autorización previa por escrito de usted o hayan seguido las pautas y procedimientos del SFUSD para obtener acceso a dicha información.

Fecha de vencimiento: Esta autorización vence el 30 de junio de 2024.

Sus derechos: Usted puede negarse a firmar este formulario y puede cancelar esta autorización en cualquier momento haciéndoselo saber a nuestra agencia por escrito. Si usted cancela la autorización que nos permite divulgar información a DCYF y SFUSD, y de SFUSD a nuestra agencia, la cancelación entrara en vigor inmediatamente, a menos que la información ya haya sido compartida. Usted tiene derecho a recibir una copia de este formulario.

Su nombre: _____

Relación con el participante: Padre/Madre Tutor legal Participante de 18 años o más

Firma: _____ Fecha: _____

2023 Fall San Francisco Soccer Player Committal Form

Note: Club may use an online form provided RPD can verify that these are completed by parents and not coaches or administrators.

On behalf of the child listed below, I commit that my child is joining the team/club listed below for the 2023 Fall season and has not committed to any other San Francisco team or club. In order to use San Francisco fields, I understand and agree that my child may not switch to another team without written approval of the team listed below and that any switch may involve a forfeiture of fees paid to the team below.

TEAM INFORMATION

Name of Team We Are Joining: _____

Type of Play Expected (check one)

Recreational

Age Group of Team (Year): _____

Competitive San Francisco

Competitive Travel

Gender of Team: _____

PLAYER INFORMATION

Last Name of Player: _____ First Name of Player: _____

Birthdate of Player: _____

Home Address of Player:

Street: _____

City: _____ Zip Code: _____

School of Player in Fall 2023: _____ Grade in Fall 2023 _____

Parent Guardian (1)

Guardian Name: _____

Guardian Email: _____

Guardian Cell: _____

Signature:

Date: _____

Parent Guardian (2) (if applicable)

Guardian Name: _____

Guardian Email: _____

Guardian Cell: _____

Signature:

Date: _____