

2025 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 2025 Fall season and has not committed to any other San Francisco team or club, including SFYS teams. 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 2025: _____ Grade in Fall 2025 _____

Parent Guardian (1)

Guardian Name: _____

Guardian Email: _____

Guardian Cell: _____

Signature:

Date: _____

Parent Guardian (2) (if applicable)

Guardian Name: _____

Guardian Email: _____

Guardian Cell: _____

Signature:

Date: _____