



Player
Registration
Please Print

PLAYER'S INFORMATION

Last name:		First:		Middle:	
Street address:			Home phone no.: ()		Cell phone no.: ()
City and State			Zip Code:		Date of Birth : (MM/DD/YYYY)
Have you ever lived outside of the USA? (yes/no)			Gender M/F:		School District:
Team/Age Group			Coach:		

PARENT/GUARDIAN INFORMATION -IMPORTANT: AT LEAST ONE PARENT'S COMPLETE INFORMATION IS REQUIRED BELOW

Parent 1 Last name:		First:		Middle:	
Street address:			Home phone no.: ()		Cell phone no.: ()
City and State		Zip Code		Email Address:	

Parent 2 Last name:		First:		Middle:	
Street address:			Home phone no.: ()		Cell phone no.: ()
City and State:		Zip Code:		Email Address:	

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):		Relationship:		Home phone no.: ()	Cell or Work phone ()
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ACKNOWLEDGEMENT AND WAIVER FOR

Player's Last name: _____ First: _____ Middle: _____

I acknowledge that all information included in this registration application is true to the best of my knowledge.

In consideration of being allowed to participate in any way in the program, related events and activities, I **ACKNOWLEDGE**, agree and represent that

1. I understand the nature of recreational soccer activities and that my child is qualified, in good health, and in proper physical condition to participate in recreational soccer.
2. I am fully aware of the hazards connected with this activity and understand that the risk of bodily injury from the activities involved in this program is significant, including the potential for permanent paralysis and death and elect to allow my child to participate as a voluntary participant in said activity and enter the premises of various fields and gyms used to conduct soccer play and training.
3. I **KNOWINGLY** and **FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE** of BC United Soccer Association or others and assume full responsibility for my child's participation.
4. I willingly agree to comply with terms and conditions for my child's participation. If I observe any unusual or significant hazard during my presence or participation, I will remove my child from participation and bring the matter or incident to the attention of the nearest referee, coach, manager, officer or other official immediately.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to **HEREBY WAIVE, RELEASE, INDEMNIFY, HOLD HARMLESS, DISCHARGE AND COVENANT NOT TO SUE** The BC United Soccer Association, a New York State nonprofit organization, its officers, board members, coaches, managers, volunteers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the events (**RELEASEES**), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH we** may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian signature _____

Date _____

Parent/Guardian signature _____

Date _____