

United States Adult Soccer Association

A National Association Member of the United States Soccer Federation

North Coast Soccer League 2021-22 Adult Amateur Player Registration Form

			Male	☐ Female
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Player's Last Name	Player's Fi	rst Name	Player's	D Number
Player's Mailing Address	City		Player's Ph	one Number
State Zip Code	Email A	ddress		
Date of Birth Day Yr.	Country of Birth			Photo goes here
Team Name				
League Name				
Manager Name				
	Release and [Nie eleimen		
ates' actions or omissions. I HAVE READ THE RELEASE & DISC SIGNING. I KNOWINGLY ASSUME T		GNIZED THAT I GIVE	UP SUBS	TANTIAL RIGHTS BY
Player's Signature			Date	
		 -	Date	
Team Manager Signature				
Team Manager SignatureState Registrar	eass to be detached by		Date	
Team Manager SignatureState Registrar	ation Player Pass		Date	
Team Manager Signature State Registrar Player p United States Adult Soccer Associa Association Name 202	ation Player Pass	y league registrar only	Date	
State Registrar Player p United States Adult Soccer Associa Association Name 2021	ation Player Pass	y league registrar only eague Registrar Approv	Date	
Team Manager Signature State Registrar Player p United States Adult Soccer Associa Association Name 2021 T'S Last Name First Idate Mo. Day Yr.	Amateur Pro	y league registrar only eague Registrar Approv	Date	
United States Adult Soccer Associa Association Name 202	ation Player Pass	y league registrar only eague Registrar Approv	Date	
Team Manager Signature State Registrar Player p United States Adult Soccer Associa Association Name 2021 State Name First date Mo. Day Yr. League	Amateur Pro	y league registrar only eague Registrar Approv	Date	

ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT

In consideration of being allowed to participate in any way for the **United States Adult Soccer Association**, **Inc.**, **Its Affiliates**, **Leagues**, **and Member Teams**, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARIS-ING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RE-LEASE, INDEMNIFY, AND HOLD HARMLESS the United States Adult Soccer Association, Inc. Its Affiliates, Leagues and Member Teams, their officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, 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 A DERSTAND ITS TERMS, UNDERSTAND THAT ING IT, AND SIGN IT FREELY AND VOLUNTAR	I HAVE GIVEN	UP SUBSTANTIAL RIGHTS	
XPARTICIPANT'S SIGNATURE	Age:	Date Signed:	
FOR PARENTS/GUARDIANS C (UNDER AGE 18 AT			
This is to certify that I, as parent/guardian with leg to his/her release as provided above of all the Rokin, I release and agree to indemnify and hold harmy minor child's involvement or participation in FROM THE NEGLIGENCE OF THE RE	eleasees, and, for mless the Relea these programs	or myself, my heirs, assigns, a sees from any and all liabilities as provided above, EVEN IF A	nd next of incident to ARISING
XPARENT/GUARDIAN'S SIGNATURE	E	MERGENCY PHONE	
Date Signed:			