

Delta soccer league Registration form

deltasoccerleague.com



Players information:

date of birth _____ Sex M F

First name _____ Last name _____

Address _____

Uniform Size _____

Name on shirt _____

Beginner. _____ Some experience _____

Avance _____ competitive _____

Parents information (volunteer as coach?) yes. _____

Father _____

Mother _____

Address _____

Email _____

Emergency contact

Name _____

Phone _____

Players medical information:

Know medical _____

problems _____

Hospital _____

PLAYERS PARTICIPATE AT THEIR OWN RISK

PARENT/GUARDIAN SIGNATURE _____

Date: _____ CASH _____ ZELLE _____ ON LINE _____

Delta Soccer League Waiver

The above information is true to the best of my knowledge. (1) We agree to abide by the rules of DELTA SOCCER LEAGUE and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for [DELTA SOCCER LEAGUE accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless DELTA SOCCER LEAGUE, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to a DELTA SOCCER LEAGUE authorized representative for the limited purpose of verifying the DELTA SOCCER LEAGUE player's age and identity. (4) We consent to emergency medical care prescribed by a licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH SUCH TREATMENT. (5) We consent to DELTA SOCCER LEAGUE taking photographs, video recordings, and/or sound recordings in documenting the activities of DELTA SOCCER LEAGUE'S programs and services. We hereby grant DELTA SOCCER LEAGUE and their affiliates permission to use negatives, prints, motion pictures, video/audio tapings, or any reproduction of the same for DELTA SOCCER LEAGUE and it affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this form freely of our own will

PARENT/GUARDIAN SIGNATURE _____