



United States Amateur Soccer Association, Inc.

A National Member of the United States Soccer Federation

7800 River Road * North Bergen, New Jersey 07047

(201) 861-6277



AMATEUR REGISTRATION FOR YOUTH

West Virginia Soccer Association

This form must be filled out once a year or when you change teams.

"A" PLAYER REGISTRATION

Rev. 2-4-02

PLAYER INSTRUCTIONS: Please complete the information requested.

Then date and sign this form. Please Use a Black Ballpoint Pen and Print Firmly.

Male

Female

Last: _____ First: _____ M: _____

Address: _____

City/St/Zip: _____

Social Security No.: _____/_____/_____ Date of Birth: ____/____/____ Phone: _____

Minimum of 16 years old

Team: _____ Div. _____ E-mail: _____

I am NOT a USA Citizen?

YES NO

Was the last team you played for a member of a foreign Federation?

YES NO

Were you 14 years of age or older when you entered the USA?

YES NO

If your answer to all three questions is YES YOU MUST fill out the International Player Permission form.

If you are 16 years of age you may fill out an International Clearance Waiver form.

Release and Waiver of Liability, Assumption of Risk, and Indemnity "Agreement"

In consideration of my minor child being permitted to participate in any way in UNITED STATES SOCCER FEDERATION Amateur Sanctioned Events in any seasonal year, I for myself, my personal representative, assigns, heirs, and my personal representative, assigns, heirs, and next of kin do:

ACKNOWLEDGE, AGREE AND REPRESENT THAT I UNDERSTAND THE NATURE OF Soccer Activities and the Minor's Experience and capabilities and believe the Minor to be qualified, in good health, and in proper physical condition to participate in such Activity. I further agree I will instruct the Minor that if at any time the Minor believes conditions or equipment to be unsafe, he/she will immediately discontinue further participation in the Activity.

FULLY UNDERSTAND, that: (a) SOCCER ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (B) THESE RISKS AND DANGERS MAY BE CAUSED BY THE Minor's own actions, or inactions, the actions or inactions of other participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I INCUR AS RESULT OF THE Minor's participation in the Activity.

HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THERE LOSSES COSTS, AND OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.

HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE United States Soccer Federation, its affiliated organizations, their respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and owners and lessors of premises on which the Activity takes place. (Each considered one of the "RELEASEES" herein) FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, THE MINOR or anyone on the Minor's behalf makes a claim against any of the Releases I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation, expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OF ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT

Consent for Medical Treatment

As the applicant/legal guardian of the named player, the applicant/parent/legal guardian hereby give consent for emergency medical prescribed by a duly licensed Emergency Team, Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or will being of the applicant.

Doctor to Notify: _____ Phone: _____

Signature of Applicant: _____ Date: _____

By signing this form we agree to keep to keep the information on this form current and up to date.

Signature of Parent/Legal Guardian: _____ Date: _____