

Gladwin County Youth Soccer Association Player Registration

DIV	Team

Players First Name: _____ Last: _____ Nickname: _____

Players Date of Birth: ____/____/____ Age as of July 31, 2007: _____ Boy: Girl:

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Medical Conditions/Allergies: _____ Alt Phone: _____

Insurance Carrier: _____ Same Team Sibling: _____ School Name: _____

Experience: _____ Height: _____ Weight: _____ Jersey Size: **YXS YS YM YL AS AM AL AXL**
(circle one)

Emergency Contact Name: _____ Phone Number: _____

=====
 Primary Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt Phone: _____

Email address: _____

=====
 Secondary Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt Phone: _____

I, the undersigned parent or legal guardian of the above-named player, a minor("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, and/or other officials of the Gladwin County Youth Soccer Association("GCYSA") to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the regional commissioner as soon as possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of Player in GCYSA programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law GCYSA, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by GCYSA and the agents, employees, officers, and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any GCYSA-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that GCYSA is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region, and either I have read and understand the terms or I will do so before permitting Player to participate. For both internal and external use, I acknowledge that GCYSA may compile and use addresses and soccer photographs of Player consistent with the GCYSA Privacy Policy set forth at and on file with the GCYSA Board, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Parent/Guardian Signature: _____

Date: _____

DOB Verified	CHECK #	Amount Paid