

SOCCKER FOR KIDS.ORG

SAYS SOCCER SPRING SEASON 2012

PLAYER MEMBERSHIP FORM

This form must be completed and signed

Team Name		Division			Return	New
Last Name		First Name			MI	
Street Address		City	State	Zip	Telephone	
Birthday	Age	School Name				
Emergency Contact		Emergency Contact Number				
Father/Guardian Last Name		Father/Guardian First Name				

SAYS Soccer Needs VOLUNTEERS I agree to Coach Assistant Coach Team Manager

Mother/Guardian Last Name	Mother/Guardian First Name
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SAYS Soccer Needs VOLUNTEERS I agree to Coach Assistant Coach Team Manager

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes No
If yes please state problem:

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above - identified Emergency Contact and/or other SAYS Soccer Officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISCK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, our heirs, assigns and next of kin, 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 muscle, tendons or ligaments, broken bones, dislocation of joints, concision, brain damage, nerve and spinal cord injury, paralysis and death. For my-self, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above player, I further acknowledge that Stockton American Youth Soccer Organization ("SAYS Soccer") is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her 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 commissioner as soon possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of the above player - named participant in its programs, for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless SAYS Soccer, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while participating in any SAYS Soccer sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time

ACKNOWLEDGEMENT AND CONSENT: I acknowledge receipt of the Soccer Accident Insurance pamphlet and I understand the terms of the plan. For both internal and external use, I acknowledge that SAYS Soccer may compile and use addresses and soccer photographs of the named individual. 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 ACLNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND OLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE PLAYER.

Parent/Guardian Signature	Date
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OFFICE USE ONLY

Payment Cash Money Order # _____ Check # _____ Amount Paid _____

DOB Verified Approved by _____ Receipt # _____