



CALIFORNIA STATE SOCCER LEAGUE



PLAYER REGISTRATION FORM

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the, California State Soccer League and related events and activities, the undersigned:

I agree that participating, they each will inspect the facilities and equipment to be used and if I believe anything is unsafe, I will immediately advise the supervisor of such condition(s) and Refuse to part pate.

I acknowledge and fully understand that each participant will be engaging in activities that will involve risk of serious injury, including permanent disability and death and several social and economic losses which might result not only from their own actions, inactions, or negligence of others, their rules of play or the condition of their premises of any equipment used, further, that there may be other risk and accept personal foreseeable at this time. I assume all the foregoing risk and accept personal responsibility for the damage such injury, permanent disability or death.

I release, waive discharge and covenant not to sue the , California State Soccer League, its affiliated clubs, their respective administrators, directors, agents and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are here in after referred to all the release from demands, loses or damage on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

Furthermore, the undersigned understands that the activities organized by, California State Soccer League, may be photographed, film, taped or otherwise recorded and/or may be covered by the media, including, but no limited to television broadcast or any network. Should the undersigned's likeness be photographed, taped or otherwise recorder by the , California State Soccer League, or the media the undersigned irrevocably consents to the reproduction and use of such photography, tape or other recordings without compensation and hereby assigns any rights the undersigned may have there to.

I/we the parent/guardian a minor authorizes at school transferred to verify the date of birth of my child from school records to authorized representative for the limited purpose of, California State Soccer League.

PARENT INFORMATION

PARENT NAME _____ MI _____ LAST NAME _____
PHONE () _____ CELL () _____ Email _____
DRIVERLNCES # _____ STATE _____ EXPIRATION DATE _____
ADDRESS _____ APT# _____ CITY _____ ZIP _____

PLAYER INFORMATION

TEAM NAME _____ STATE SOCCER LEAGUE ID # _____
PLAYER NAME: _____ LAST NAME _____
DATE OF BIRTH _____ SCHOOL NAME _____ GRADE _____
(MMDDYYYY)
DMV CALIFORNIA ID # _____ STATE _____ EXP DATE _____
EMERGENCY NAME _____ PHONE NUMBER _____

THE UNDERSIGNED HAS READ THE WAIVER AND RELEASE; UNDERSTAND THAT HAVE BEEN GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY

PARENT NAME PARENT SIGNATURE DATE

CALIFORNIA STATE LEAGUE
2421 W. EDINGER AVE. #1151 SANTA ANA CA. 92704

USER NAME: _____ PASSWORD _____ PASSPORT _____ DMV ID ☐ PAID _____