



AYSO REGION 9 ADULT AMATEUR LEAGUE PLAYER REGISTRATION FORM (VERSION APRIL-2007)

Player Information (PLEASE PRINT CLEARLY)					
First Name		Last Name		Date of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
Street Address		City	Zip	Home Phone	
Cell Phone					
Employer			Work Phone		Email
Medical Insurance Carrier		Emergency Contact		Emergency Contact Phone	
Work/Alternate Email					
Previous AYSO Home Region/Last Participation Region = Player/Coach/Referee? = Month/Year =			List All Position(s) Comfortable Playing <input type="checkbox"/> Forward <input type="checkbox"/> Midfielder <input type="checkbox"/> Defense <input type="checkbox"/> Goalkeeper		I Would Like to Volunteer <input type="checkbox"/> Coach <input type="checkbox"/> Player/Coach <input type="checkbox"/> Referee
Adult Jersey Size (XS-2XL)		Adult Short Size (XS-2XL)		Adult Sock Size (S, M, L)	
Jersey Number Preference					
1 st Choice		2 nd Choice		3 rd Choice	
Other Players whom I would like to be teammates with - in order of preference – list no more than three (3)					
<i>Every attempt will be made to honor these requests, however this is NOT a guarantee to be placed on a team together.</i>					
Waiver, Release of Liability					
<p style="text-align: center;">In consideration of being allowed to participate in the AYSO Region 9 Adult Amateur League (AAL), and related events and activities, which I have voluntarily, willingly and knowingly elected to do so, the undersigned:</p> <ol style="list-style-type: none"> 1. Acknowledges and represents that he or she understands the nature of soccer, specifically that it is a contact sport with a substantial risk of injury, and that he or she is qualified, in good health, and physically able to participate. 2. Agrees that, prior to participating, he or she will has been afforded the opportunity to inspect the fields, facilities and equipment to be used and if he or she believes anything to be unsafe, he or she will immediately advise his or her coach or representative of such condition and refuse to participate. 3. Acknowledges and fully understands that by participating he or she will be engaging in activities that involve the risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his or her own action, inaction or the negligence of others, the rules of play and/or the conditions of the premises or of any equipment used, and that there may be other risks not known or not reasonably foreseeable at this time. 4. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability and/or death. 5. Releases, waives, discharges and covenants not to sue AYSO, AAL, their affiliates, their respective administrators, directors, agents, coaches, referees, and any other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and/or leasors of premises used to conduct any activity of AAL, all of which are herein after referred as "releasees," from demands, losses or damages 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 releasee or otherwise. 6. Understands that the insurance is being provided exclusively by USASA and his or her own insurance, and that AYSO's insurance programs and policies do not apply to the program in which he or she is participating. 7. Indemnifies AAL, AYSO and their respective agents, representatives, employees, officers and directors (the "indemnities") against any liability (including legal fees and expenses) in connection with any claim or liability of any of the indemnities resulting out of his or her participation in the subject program. <p>The undersigned has read the above waiver and releases and understands that he/she has given up substantial rights by signing it and signs voluntarily. The undersigned further agrees by signing this waiver, release and indemnity to abide by the AAL rules, Regulations, Bylaws and Policies and all other applicable similar documents.</p>					
Signature			Printed Name		Date
Drivers License/State ID Verified		Cash or Check #	Amount Due		Amount Paid