



United States Amateur Soccer Association

# United States Amateur Soccer Association, Inc.

*Affiliated with the United States Soccer Federation*

California Soccer Association North- 1348 Silver Avenue • San Francisco, California 94134-1226  
(415) 467-1881 *Player Registration Fee Required*

## THREE DAY TOURNAMENT REGISTRATION

PLAYER INSTRUCTIONS: Please complete the information requested in the shaded areas, including the date and your signature in the bottom segment of the form.

Please Type or Use Ballpoint Pen Firmly

Male

Female

Player's Name (Last Name First) \_\_\_\_\_

Player's Pass No. (if known) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

CA

State

Zip Code \_\_\_\_\_

Month / Day / Year  
Date of Birth

Email Address (optional) \_\_\_\_\_

U.S. Citizen

Yes

No

Intent

to become a citizen

Yes

No

Country of Birth \_\_\_\_\_

TEAM REPRESENTATIVE INSTRUCTIONS: Please complete all information in this segment, then sign and date the bottom segment of the form before sending to the State Registrar, enclosing the appropriate fees.

California Soccer Association North (CSAN)

Code \_\_\_\_\_

State Association

League # \_\_\_\_\_

Current League

Team# \_\_\_\_\_

Current Team

Player's Last Team Affiliation \_\_\_\_\_

Last Season

Team Representative Name (Last Name First) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

CA

State

Zip Code \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**NO PHOTO.**

**PRESENT ID AT  
GAME TIME.**

### RELEASE AND DISCLAIMER

Soccer is a contact sport involving risk of serious injury disability, or death. Not all risks are foreseeable. In consideration of being allowed to participate, I agree to release, waive, and covenant not to sue United States Soccer Federation or affiliates on account of injury, death, or property, damage alleged to be caused in whole or in part by affiliates' actions or omissions.

I HAVE READ THE RELEASE & DISCLAIMER AND RECOGNIZED THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASSUME THE RISK.

Player's Signature \_\_\_\_\_

Date \_\_\_\_\_

Team Representative \_\_\_\_\_

Date \_\_\_\_\_

State Registrar \_\_\_\_\_

Date \_\_\_\_\_



**RELEASE OF LIABILITY - READ BEFORE SIGNING**

In consideration of being allowed to participate in any way for the \_\_\_\_\_ its related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **CALIFORNIA SOCCER ASSOCIATION - NORTH**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leaser's of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasee's, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARENT'S SIGNATURE                                  EMERGENCY PHONE NUMBER