



Wisconsin Adult Soccer Association
10708 West Hayes Avenue, West Allis, WI 53227
414-545-7227 Ext. 1#
Fax: 414-545-7249
Affiliated with the United States Soccer Federation



2009-2010 Youth Amateur Player Application (For Adult League Games)

Please print all necessary information on the lines below and sign the form at the bottom. Use a pen. Also include a color photograph for your player pass.

Player Registration

Male Female

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Birth Date: _____

Country of Birth: _____ U.S. Citizen Yes No

E-mail Address: _____

Team Registration

Club: _____

League: Major First U23 U20 Other _____

RELEASE AND DISCLAIMER

Soccer is a contact sport involving risk or 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 the United States Soccer Federation or affiliates on account of injury, death, or property damage alleged to be caused in whole or 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.**

(Form not valid unless it has player and manager signatures)

Player Signature: _____ Date: _____

Youth Manager Signature: _____ Date: _____
(Needed if playing on youth team)

State Youth Association Clearance: _____ Date: _____
(Needed if playing on youth team)

State Adult Association Approval _____ Date: _____

TURN OVER AND COMPLETE WAIVER ON BACKSIDE OF FORM



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Youth Amateur Athletic Waiver & Release of Liability

In consideration of being allowed to participate in any way in WASA athletics/sports program and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instill in the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death;
4. Release, waive, discharge and covenant not to sue WASA, its affiliated clubs, their respective administrators, directors, agents, coaches, 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 hereinafter referred to as « releases », from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, 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 releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER & RELEASE AND UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent/Guardian Signature: _____ Date: _____

Printed name of Parent/Guardian: _____ Date: _____

Printed Name of Participant: _____ Date: _____