



WESTCHASE SOCCER ASSOCIATION REGISTRATION AGREEMENT

This Agreement must be read and signed by the PARENT or LEGAL GUARDIAN of the child named below.

Please complete a separate Agreement for each child to be registered.

THIS FORM IS ONLY REQUIRED IF A PARENT/GUARDIAN WILL NOT BE AVAILABLE AT REGISTRATION TO SIGN THEIR CHILD'S FORM.

Child's Last Name	Child's First Name	Gender		Date of Birth (mm/dd/yy)		
		<input type="checkbox"/> Male	<input type="checkbox"/> Female			

I the undersigned PARENT or LEGAL GUARDIAN of the above-named child, a minor ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize the coaches, the identified Emergency Contact and/or other Westchase Soccer Association (WSA) officials and representatives 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 RISK AND WAIVER: I 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 muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of the Player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

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 to WSA as soon as possible thereafter. I acknowledge that the Player must wear the full uniform/jersey as issued by WSA for the current season, in order to be eligible to participate in games/sessions and Player must wear soccer cleats and shin-guards in order to participate in games, practices and sessions.

For myself and on behalf of the Player, I further acknowledge that WSA is primarily administered by volunteers rather than paid professionals. I understand that enrollment in WSA programs may be limited based on the availability of volunteers and facilities to run WSA programs and there is no guarantee Player will be assigned to a team. I acknowledge that participants will not be assigned to a team if they do not participate in a mandatory skills assessment and a refund will not be issued.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

WAIVER OF NEGLIGENCE: In consideration of accepting the registration and permitting the voluntary participation of Player in WSA programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law, WSA, its players, employees, volunteers, officials, directors, officers, sponsors and other representatives from any and all present and future claims, demands, costs, expenses and compensation arising out of or in any way related to any bodily injury, death or property damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible, while participating in or present at any WSA sponsored event, including any bodily injury or damage caused by the negligence of any such person while performing his/her duties at any time. In the event of negligence by WSA agents, directors, officers, employees, coaches, volunteers, sponsors and any other WSA representatives, the WSA shall not be liable for any bodily injuries or property damage resulting from such negligence to anyone (adult or child).

ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the WSA Soccer Accident Insurance Plan, as the same may be amended from time to time, and either I have read and understand the terms or I will do so before permitting Player to participate. I understand if Player or parent/guardian of Player has any transportation issues, conflicts or scheduling issues, the Player will not be reassigned to another team and a refund will not be issued. For both internal and external use, I acknowledge that WSA may compile and use addresses and soccer photographs of Player. I consent to such uses and hereby waive all rights to compensation. I understand and agree that any and all officers of Westchase Soccer Association may remove and/or ban any person, including, but not limited to, players, their parents and/or guardians, from participation in soccer and/or other events conducted by Westchase Soccer Association and/or from premises owned or leased by Westchase Soccer Association. This action can be taken without any warning and such decisions shall be made in the sole discretion of Westchase Soccer Association officers and are not subject to appeal.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVERS, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND AGREEING TO THESE TERMS FREELY AND WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY, FOR MYSELF AND ON BEHALF OF PLAYER AND OTHERS FOR WHOM I AM RESPONSIBLE, TO THE GREATEST EXTENT OF THE LAW. I ACKNOWLEDGE THERE WILL BE NO REFUNDS OR CREDITS (including for inclement weather, illnesses, injuries or other circumstances beyond WSA's control).

PRINT Parent/Legal Guardian NAME (signing form): Parent/Legal Guardian Signature: Date: