



# CALIFORNIA STATE SOCCER LEAGUE



## PLAYER REGISTRATION FORM

TEAM NAME \_\_\_\_\_ TEAM DIV \_\_\_\_\_ PLAYER DOB \_\_\_\_\_  
 PLAYER FIRST NAME \_\_\_\_\_ M \_\_\_\_\_ PLAYER LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 PARENT FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

### MEDICAL HISTORY

If the answer to any of the following questions (below), is yes, please describe the problem and its implications for proper first aid treatment within the registration.

Does the player have any allergies that we need to be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the player have any other medical conditions that we need to be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If is yes explain \_\_\_\_\_

### RELEASE AND WAIVER

The participant listed below (the "Participant"), and if such Participant is under 18 years of age, then also the parent or legal guardian of such individual (together with the Participant, the "Undersigned"), signs this release and waiver of liability (this "Release and Waiver") in consideration of participating in the soccer league through California State Soccer League and any other events related to California State Soccer League program (hereafter "the Events") organized and produced by California State Soccer League. The Undersigned hereby release(s) and discharge(s) the event organizers including California State Soccer League and all other sponsors of the California State Soccer League Events including their respective assignees, successors, officers, directors, agents, representatives, employees, sub-contractors, partners, members and affiliates (collectively, the "Released Persons") from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, which the Undersigned or his/her child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Undersigned or his/her child or ward in the Events.

The Undersigned understands, acknowledges, and accepts that this Release and Waiver is intended to be binding on the Undersigned and the Undersigned's Related Parties. The Undersigned further understands, acknowledges, and accepts that participation in the Events involves certain inherent risks, including, but not limited to, illness, property damage and serious bodily injury (including death), and agrees that the Undersigned or his/her child or ward is voluntarily participating in the Events with full knowledge of the risks involved and accepts all risks of participation. The Undersigned declares that the Participant is physically fit and has the requisite skill level to participate in the Events. The Undersigned authorizes the Event staff, California State Soccer League and/or a party designated by California State Soccer League to provide medical treatment to the Participant, at the Undersigned's cost, should the need arise. Furthermore, the Undersigned understands, acknowledges, and accepts that he or she must provide his or her own medical insurance for the participant.

The Undersigned further grants the Released Persons the right, but does not otherwise impose the obligation, to exploit, adapt, modify, reproduce, distribute, publicly perform, display, photograph, videotape and/or otherwise use ("Use"), in any form now known or later developed, the Participant's name, nickname, age, hometown, face, likeness, voice, image and Appearance (the "Personal Information"), throughout the world, in any medium now known or later developed, without reservation or limitation. The Undersigned further grants the Released Persons the right to contact the Undersigned for promotional programs. The Undersigned releases, and hereby agrees to indemnify, defend, and save harmless the Released Persons from any and all claims the Undersigned, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the Use of the Personal Information. The Undersigned waives any right to inspect or to approve any work that may be created by or derived from the Use of the Personal Information and waives any claim with respect to the future Use of the Personal Information. The Personal Information may be Used at the Released Persons' sole discretion, with or without Participant's name or with a fictitious name, and with fictitious or accurate biographical material, alone or in conjunction with any other material of any kind or nature, except that the Released Persons shall not Use the Personal Information for any criminal or illegal purposes or in a manner inconsistent with community standards of decency.

The Undersigned understands and agrees that the Released Persons are and shall be the exclusive owner of all right, title, and interest, including copyright, in any work that may be.

Created by or derived from the Personal Information, and any commercial, informational, educational, advertising, or promotional materials containing the Personal Information.

The Undersigned understands, acknowledges and accepts that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which the Events of the California State Soccer League are taking place and agrees that if any portion of this Release and Waiver is invalid, the remainder will continue in full legal force and effect. The Undersigned further agrees that any legal proceedings related to this Release and Waiver shall take place in the city and state of the Events.

If participant is under 18 years old, a parent or legal guardian must sign this form.

**I/We have read, understand and agree to comply with the Waiver as outlined above.**

DISCUSS THE RISKS OF CONCUSSION AND OTHER SERIOUS BRAIN INJURY WITH YOUR CHILD OR TEEN AND HAVE EACH PERSON SIGN BELOW.

#### Athlete Agreement:

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

PLAYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### Parent/Guardian Agreement:

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**To learn more, go to  
[www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)**

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

#### PLAYER REGISTRATION ONLINE



<https://form.jotform.com/statesoccerleague/course-registration-form>