

# HIGH SCHOOL LEAGUE



## Registration Form

### Team Information

Coach: \_\_\_\_\_

Team: \_\_\_\_\_

Division:            Girls        Boys

[www.fwunitedsoccer.com](http://www.fwunitedsoccer.com)

First Name	M.I.	Last Name	Sex (circle) M / F
Address		Birth Date (Mo/Day/Yr)	
City		State	Zip Code
Parent/Guardian		Mother's Birth Date (mo/day)	Phone
Preferred email:		Interested in being contacted about volunteering to help out the league? Yes _____ No _____	

### EMERGENCY INFORMATION

Alternate Contact:	Phone
Doctor/Hospital:	Phone
Dentist:	Phone:

Other Important Information concerning player:

### MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any Fort Wayne United Soccer Association athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes that anything is unsafe, he or she should immediately advise his or her coach or supervisor of such conditions 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 conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or reasonably foreseeable at the time.
3. Assume all foregoing risks and accept personal responsibility to the damages following such injury, permanent disability, or death.
4. Release, waive discharge and covenant not to sue the Fort Wayne United Soccer Association, its affiliate clubs or divisions, their 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.
5. Give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependant.
6. Agree to abide by, and be responsible for, the conditions set forth in the FWUSA media release and Code of Conduct as published on the club web site.
7. Understand that registering with the Select League is a seasonal year commitment to FWUSA for IYS sanctioned competitive soccer.

I/We have read the above waiver and release, understand that I/We give up substantial rights by signing it voluntarily.

Signature of Parent or Guardian:	Date:	Relationship:
Signature of Parent or Guardian:	Date:	Relationship:

Registration Fee \$65 (check to FWUSA):         Received                     Not Received

Birth Certificate:                     Received                     Not Received                     On File

*NOTE: Birth Certificates only required from players NEW to Select Soccer*