



**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 lessors 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: \_\_\_\_\_