

IMPORTANT INFORMATION FOR REGISTRATION

Registration Fee is Nonrefundable.

In order for your registration to be valid please ensure all of the following is submitted in complete form: Registration Fee, Registration Form, Medical Release Form, Waiver and Release Form.

Please note: Late registration will not guarantee placement on a specific team, although we will attempt to fulfill the request. *Teams will be filled on a first come first serve basis.*

Once a team is full, extra players will be moved to the next available team.

The League appreciates your cooperation and understanding during this process.

Mailing Address: Orange County Soccer League, Post Office Box 40, Rock Tavern, New York 12575

Registration Fee is Nonrefundable

Include: Registration Fee, Registration Form, Medical Release Form, Waiver and Release Form in order for registration to be valid

WOMEN'S SOCCER REGISTRATION FORM

Division to register (check only one):

Recreational Soccer Moms/Beginner

Name: _____

Please check here if your contact information has changed.

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

DOB: _____ Do you have health insurance? Yes No

Jersey Size: XS S M L XL XXL

Would you be interested in volunteering for (check all that apply):

Beginner League Captain/Co-Captain Equipment/Fields Fund-raising Registration
 Referees Scheduling Publicity/Special Events
 OCSL Tournament Committee Scholarship Committee

Please indicate your level of experience that best describes your ability on a scale:

Beginner Intermediate Advanced

Returning Player Section Please note: late registration will not guarantee placement on a specific team, although we will attempt to fulfill the request. Teams will be filled on a first come first serve basis.

Last Season and Team Played: _____

1st Choice Team: _____ 2nd Choice Team: _____ No Preference

Fee Paid: Date Received: _____ Received By: _____

Amount: _____ Form of Payment: Check #: _____ Money Order #: _____ Cash

DEC.15.2003 12:12PM

CITY SECURITIES INS ATHLETIC
WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

NO.312 P.2

In consideration of being allowed to participate in any way in the _____

(Name of Organization) athletic/sports program, related events and
activities, I, _____, the undersigned acknowledge,
(Name of Participant)
appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS _____ their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ EMERGENCY PHONE #(s)
PARENT/GUARDIAN'S SIGNATURE

Date Signed: _____

**WOMEN'S
SOCCER**



MEDICAL RELEASE FORM

PLAYERS NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER:

KNOWN ALLERGIES OR PERTINENT MEDICAL INFORMATION:

In the event that I am unable to consent to my own medical treatment, I authorize Orange County Soccer League to act in my best interest and transport me to a medical facility.

My emergency contact will be notified and can act on my behalf. I will assume all financial responsibility for any medical treatment received.

SIGNATURE OF PLAYER: _____

Subscribed and sworn to me this _____ day of 200__.

SIGNATURE _____ My commission expires _____
Notary Public mm-dd-yyyy