



REGISTRATION FORM BIOGRAPHICAL INFORMATION



LAST NAME	FIRST NAME, MI	ID NUMBER						AREA CODE * PHONE NUMBER	
		7	1	3	1	9			
ADDRESS			CITY				STATE	ZIP	
EMAIL			BIRTH			SEX			
			MO	DAY	YR				

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY - ADULT OR MINOR

In consideration of being allowed to participate in any way in USASA/USSF/TSSAS athletic/sports program and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their 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, inaction 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 risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue USSF/USASA/TSSAS, 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 leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from 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.

PLAYER SIGNATURE: _____

DATE: _____

REGISTRATION - SEASON

TRANSACTION	LEAGUE NAME		TEAM INFORMATION	
<input checked="" type="checkbox"/> AMATEUR	PRIMARY	L#	T#	PRIMARY TEAM NAME
	TORSO	19		
<input type="checkbox"/> AMATEUR DETENTION	MULTIPLE	ML#	M#	MULTIPLE TEAM NAME
<input type="checkbox"/> MANAGER -Only if not player on	<input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR			
<input type="checkbox"/> MULTIPLE	<input type="checkbox"/> MEN <input type="checkbox"/> WOMEN <input checked="" type="checkbox"/> COED	RELEASE TEAM NAME:		
	<input checked="" type="checkbox"/> O/30			
<input type="checkbox"/> RELEASE	RELEASE DATE:	MANAGER SIGN:		

TEAM REPRESENTATIVE

TEAM REPRESENTATIVE:	
ADDRESS:	
PHONE:	
League Registrar Signature and Date:	State Registrar Signature and Date: