



PLAYER REGISTRATION FORM

**Denotes Required Field(s)*

PLAYER INFORMATION

*Player's Full Name _____ *Gender _____ *DOB (MM/DD/YYYY) ____/____/____

PARENT/GUARDIAN INFORMATION

*Name of Parent/Guardian 1 _____ *Relationship to Player _____

*Address _____ *City _____ *State _____ *Zip _____

*Cell Phone _____ *Email _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby 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 dependent.

*Name _____ *Signature of Parent/Guardian X _____ *Date _____

WAIVER OF LIABILITY, RELEASE & INDEMNIFICATION

I, the undersigned do voluntarily give permission for our child to participate in all US Youth Soccer and Ohio Soccer Association (OSA) events and/or activities. I do hereby assume full responsibility for any risk of bodily injury, personal injury or mental injury or death due to our child's participation in any such activities and the necessary travel to and from any activity site. I also further hereby assume full responsibility for all lost, stolen, or damaged personal property and will not hold the US Youth Soccer/OSA or its/their employees responsible for said loss or damage to personal property. The undersigned further releases, waives, discharges, indemnifies and covenants not to sue US Youth Soccer and OSA, any and all of its/their individual members, its/their employees, agents or anyone acting on its/their behalf, from and against all claims, of whatever type or kind, and any and all liability, arising from or by reason of any illness, bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from our child's participation in any US Youth Soccer or OSA event and/or activity. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which my/our child may be injured, and that if any portion of this release is determined to be invalid, it is agreed that the remaining provisions of this release shall continue in full force and effect. I further state that we have fully and carefully read the above release, understand the contents of the same and sign this release voluntarily and as my own free act and deed.

*Name _____ *Signature of Parent/Guardian X _____ *Date _____

MEDIA RELEASE

I hereby permit and authorize the Ohio Soccer Association (OSA) and its agents, sponsors and others acting on its behalf, to use, reproduce and/or publish photographs and/or video that may pertain to the registered child/children, including their image, likeness and/or voice, without compensation.

I understand that this material may be used in various publications, public relations or marketing releases, recruiting materials or for other endeavors specifically related to promotion of the sport of soccer. This material may also appear on the Association's internet website or social media platforms. Consequently, the Association may publish materials, use my child's/children's' name, photograph and/or make reference to my child/children in any manner that the Association deems appropriate in order to promote or publicize itself and its endeavors in relation to growing the sport of soccer in the state of Ohio and surrounding areas.

I acknowledge the above media release waiver. If I do not wish to have photos and/or video of my child released, I am to reach out to my league/club and/or state association.

*Name _____ *Signature of Parent/Guardian X _____ *Date _____

SAFESPORT AUTHORIZATION ACT DISCLOSURE

I understand that OSA offers its members an online awareness/prevention training program for Youth Athletes and Parents at no cost. Contact Member Services for more information.