

Center Soccer Club, Inc
P.O. Box 1333
Aliquippa, PA 15001

Last Name _____ First Name _____

Travel (U10 and up) Yes _____ No _____ Age Bracket _____ Date of Birth _____

Email _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Sex Male _____ Female _____

Father Name _____ Cell Phone _____

Mother Name _____ Cell Phone _____

List any medical problems _____

Person to notify in Emergency _____ Phone _____

	Spring 2010	I would like to help with
Registration Fee		___ concession stand
# players/family		___ coach age ___
Shirt/uniform		___ assist coach age ___
Travel fee		___ field maintenance
Late fee		___ picnic coordinator
Total paid		___ other
	Cash _____ Check _____	

In house shirt size: YOUTH SMALL _____ MEDIUM _____ LARGE _____
 ADULT SMALL _____ MEDIUM _____ LARGE _____ XL _____
 RECEIVED SHIRT YES _____ NO _____

NOTICE OF RELEASE

I am a parent or guardian of the above-named minor child (PLAYER). In consideration of acceptance of PLAYER as a participant in the soccer program (PROGRAM) sponsored by Center Soccer Club, Inc. (CSC), I have read and understand, acknowledge and accept the following terms and conditions: CSC is a non-profit Pennsylvania corporation staffed and operated by volunteers, most of whom are parents, and CSC is not part of any school district nor any function thereof. As an organization staffed, operated and managed by volunteers, CSC is dependent upon the parents of its participants and adults in the community to offer and volunteer their time and efforts. CSC is without the capability, means and/or resources to investigate or check any of the background of its volunteers and the undersigned, on behalf of PLAYER and in his/her own right, as well as that of any other parent or guardian of PLAYER (on whose behalf the undersigned represents he/she has the authority to act), assumes any risks to be associated with or result from CSC's inability to conduct such investigations.

The sponsored activity, soccer, is an active contact sport that entails athletic risks and hazards that can result in injuries to PLAYER. No physical examination of PLAYER is requested or required by CSC, and any such examination or the determination of the need therefore is accepted as the sole responsibility of the undersigned or guardian of PLAYER.

PLAYER is authorized to participate in all phases of PROGRAM including, but not limited to, practices, games, activities normally related thereto, and travel to and from such activities, and PLAYER and parents or guardians will comply with all rules and regulations adopted by CSC as to the same;

PLAYER HAS NO KNOWN PREVIOUS OR EXISTING PHYSICAL OR MENTAL INCAPACITIES THAT WOULD INCREASE THE NORMAL RISKS AND HAZARDS OF INJURY FROM THE ACTIVITIES HEREIN AUTHORIZED TO PLAYER OR OTHERS.

All risks and hazards incidental to PLAYER's participation in PROGRAM are assumed by PLAYER and his parents and/or guardians and PLAYER and his parents and/or guardians hereby release CSC and any of its authorized personnel, the Center Area School District and any other entity which authorizes or permits the use of its facilities or grounds by CSC or any of the teams or activities it sponsors from any damages arising out of any injury of any kind to PLAYER or derivatively, his parents and/or guardians, from, as a result of or through any involvement in PROGRAM or any activity in any way related thereto.

Any and all types of insurance shall be provided for PLAYER by the parent or guardian and shall be considered primary for the full extent of that insurance program to the extent any injury sustained by PLAYER is covered by such insurance; and in the event CSC shall obtain any type of insurance, such insurance coverage shall be secondary to the full amount provided for PLAYER by the parent or guardian.

Signature of Parent/Guardian _____ Date _____