

INDIAN RIVER SOCCER ASSOCIATION (An affiliate of the Michigan State Youth Soccer Association - MSYSA)

<i>For Office Use Only</i>			
DIVISION:	U6 U8 U10 U13 U18	TEAM:	
COACH:		ASSISTANT COACH:	

If you have a coach / team request please indicate here: _____

Player Last Name	First Name	Middle Name	Sex M / F
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Street Address	City	Zip	School
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Birth Date	Age (as of 8/1/09)	Years Playing Experience	Uniform Shirt Size
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Please provide a primary contact email address below - this will only be used for association communication

Father / Guardian Last Name	First Name	Home Phone	Mobile / Business Phone
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Mother / Guardian Last Name	First Name	Home Phone	Mobile / Business Phone
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Emergency Contact Name	Home Phone	Mobile / Business Phone
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Medical Insurance Provider	Physician Name	Phone Number
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Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical condition? Yes No
If Yes, please explain here:

Authorization / Disclaimer: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches and officers of the Indian River Soccer Association (IRSA) and the above named emergency contact(s) to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment for this player in my absence. I, for myself and on behalf of the above named player, our heirs, assignees and next of kin, acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including but not limited to bruises, scrapes, strained or torn muscles / ligaments / tendons, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of the above player, our heirs, assignees and kin, willingly and voluntarily accept and assume all such risk. I acknowledge that the IRSA is primarily administered by volunteers rather than paid professionals. For myself and the above player, we willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and if we observe any unusual significant concern in his/her readiness for participation in the program or in the fitness of the program itself, will remove him/her from participation and bring such concern to the attention of the nearest official immediately and to regional commissioner as soon as possible after. In consideration for accepting the registration and permitting the voluntary participation of the above named player in its programs, for myself and on behalf of the above player, our heirs, assignees, and next of kin, hereby release, discharge and agree to hold harmless MSYSA, IRSA, its employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authorizing the use of facilities by MSYSA, IRSA, and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant or to members of my family, household or individuals I invite or who voluntarily accompany me or attend any event related to above players participation, or individuals for whom I am otherwise responsible while participating in or present at any MSYSA sponsored event of any event in which the above player participates as part of their involvement with MSYSA or IRSA, including any physical or other injury caused by the negligence of any person or entity described above. I authorize IRSA to publish pictures of the above named player, myself and others named above and understand that attendance at a IRSA or MSYSA sponsored event implies my permission for myself, the above named player, others named above and those I invite or who attend on my behalf to be photographed and to have those photos published on the Internet or other written or electronic publications at the discretion of the IRSA and its officers. I acknowledge receipt and understanding of the soccer accident insurance policy, its terms and limitations and agree to all terms listed above. I understand that although the IRSA does provide some insurance coverage through MSYSA that this coverage may not cover all costs related to injury or damage arising from participation in and attendance at soccer related functions, and understand that this coverage only takes effect after any insurance which I currently carry or have access to has been exhausted and that such rulings on coverage are at the sole discretion of the MSYSA insurance provider and / or administrator. I understand that I am waiving rights to supplemental coverage and that I am solely responsible for all medical costs not covered by insurance and hold the IRSA and its officers, volunteers, sponsors and other representatives not liable for any of these costs. I have read the above emergency authorization disclaimer, assumption of risk and waiver, and acknowledgment and consent agreements, fully understand the terms of each, understand that I and the above player and other named persons have given up substantial rights by my signing and agreeing to these terms, and I sign this form and agree to these terms freely, voluntarily and without inducement for myself and on behalf of the above player.

IF MAILING IN REGISTRATION FORM PLEASE SEND TO PO BOX 294 INDIAN RIVER 49749 AND INCLUDE A COPY OF PLAYERS BIRTH CERTIFICATE

Date _____	Father / Guardian Signature _____
Date _____	Mother / Guardian Signature _____

Office Use Only: Check # Cash M.O. Birth Cert. Verified Coach / Asst
 Scholarship Player Bump Player _____