



2015 W-League Amateur Registration Form

Complete **ALL** sections of this Amateur Registration Form. Team Representative, Player and USL Registrar must sign and date at the bottom. Form is not valid without signatures. Player will be made Eligible upon USL approval.

Team Name:

PLAYER BIOGRAPHICAL INFORMATION:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State
<input type="text"/>	<input type="text"/>	Zip
Phone Number	E-Mail	
<input type="text"/>	<input type="text"/>	
Date of Birth:	Place of Birth:	
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Month/Day/Year)	City/State	Country
Citizenship:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Other <input type="text"/>
If other please fill in		

LAST CLUB/COLLEGE INFORMATION: All information must be completed. If not applicable, enter N/A.

Club: (Please list last club or youth club governed by FIFA regulations; not a college or university team)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Club Participated (Required)	League	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Last Game Played	Professional/Amateur	
<input type="text"/>	<input type="text"/>	
College:	Division	
<input type="text"/>	<input type="text"/>	
Name of College/University	Division	
<input type="text"/>	<input type="text"/>	
Graduation Date	College Eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A player is not eligible to play until this Registration Form has been signed by the USL Registrar, and all Registration documentation and payment have been received by the USL Office.

Team Representative:	<input type="text"/>
	Signature
	Date
Player:	<input type="text"/>
	Signature
	Date
USL Registrar:	<input type="text"/>
	Signature
	Date





2015 W-League Insurance Acknowledgement Form

Complete ALL sections of this Insurance Acknowledgment Form. Team Representative, Player and USL Registrar must sign and date at the bottom. Form is not valid without signatures. Player will be made Eligible upon USL approval.

Team Name

Player Name

Last Name

First Name

Middle Initial

INSURANCE INFORMATION:

☐

Yes, Player HAS Personal Health Insurance

Player currently has personal health insurance. Player is aware that the insurance offered by the USL PDL team and United Soccer Leagues will act as secondary insurance.

(Insurance Provider)

(Policy #)

OR

COPY CARD HERE

☐

No, Player DOES NOT HAVE Personal Health Insurance

Player does not currently have any personal health insurance. Player is aware that the insurance offered by the USL PDL team and United Soccer Leagues is secondary insurance and may not provide full coverage for any injuries received while competing for said team.

A player is not eligible to play until this Insurance Acknowledgement Form has been signed by the USL Registrar, and all Registration documentation and payment have been received by the USL Office.

Team Representative:

Signature

Date

Player:

Signature

Date

USL Registrar:

Signature

Date





2015 W-League Waiver & Liability Release Form (Players and Coaches)

Complete the appropriate section of this Waiver & Liability Release Form. Team Representative, Player and USL Registrar must sign and date at the bottom. Form is not valid without signatures. Player will be made Eligible upon USL approval.

Team Name

Player Name
Last Name First Name Middle Initial

I acknowledge that soccer or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, or property loss. I recognize that I may be asked to practice for, participate in, and travel to and from soccer events on behalf of the team and I HERE BY ASSUME THE RISK OF PARTICIPATION IN THE SOCCER EVENT.

I agree that prior to participating, I will inspect the facilities and equipment to be used and if I believe anything is unsafe, I will immediately advise the coach or supervisor of such condition(s) and refuse to participate.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

- a.) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the soccer event, THE FOLLOWING PERSONS OR ENTITIES: United Soccer Leagues (USL); the Team for which I play; the Team Owner; any sponsors obtained by the Club or USL; any Players or Coaches; any Officers, Directors, Employees, Representatives and Agents of the above.
- b.) I AGREE NOT TO SUE nor bring any type of lawsuit against any persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and
- c.) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I hereby affirm that I am eighteen (18) years of age or older and I have read this document and I understand its contents. I understand that I have given up substantial rights by signing this document and sign it voluntarily.

FOR MINORS ONLY:

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS OLD. MY PARENT(S)/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If the applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Liability Release, the following, for and on behalf of the minor.)

As the parent and natural guardian or legal guardian of (minor's name) I hereby the forgoing Waiver and Liability Release for and on behalf of the named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Liability Release. I represent that I have legal capacity and authority to act for and on behalf of the minor in the execution of the Waiver and Liability Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of, or relating to the Soccer Event. I authorize any such Medical Provider to perform all procedures deemed medical advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor.

Parent / Guardian Signature Relationship to Minor Witness

A player is not eligible to play until this Waiver & Liability Release Form has been signed by the USL Registrar, and all Registration documentation and payment have been received by the USL Office.

Team Representative:
Signature Date

Player:
Signature Date

USL Registrar:
Signature Date

