

# Black Swamp Soccer League

Club Name: Hancock Soccer Association

Do Not Fill This Space In - HSA Registrar will complete once Team Name is known.

Team Name: \_\_\_\_\_

Child's Name:

MONTH DAY YEAR

Birth Date:

Address:

City:

Phone Number:

## RULES OF THE USYSA

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, the Black Swamp Soccer League, its affiliated clubs, organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USUSA & BSSL and it's affiliated clubs accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. Ohio Youth Soccer Association North, The Black Swamp Soccer League, Clubs and Soccer Coaches), their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

**Please sign here to indicate you've read and agree to the above:**

Name:

Parent/Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_