



Player Registration Form

ILLINOIS STATE SOCCER ASSOCIATION

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E: ILStateSoccer@gmail.com | www.illinoisoccer.org

YEAR: 20__

PLAYER INFORMATION			
Last Name	First	M.I.	
Street Address		Apt/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Birth Date	Place of Birth		
League	Division		
Team Name			
Is this the same team as last year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, put prior team or N/A here:
Is this the first time player?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is this for a duplicate pass?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is this a Secondary Player** Pass?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, put prior team here:

NEW PLAYERS MUST PROVIDE ONE PHOTO PLUS COPY OF VALID ID

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way for the Illinois State Soccer Association its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Illinois State Soccer Association their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____
PLAYER'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE (print name)