

Black Swamp Soccer League

Club Name: _____ Team Name: _____

Child's Name: _____ Birth Date: _____

Address: _____

Phone #: _____

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.

I have also received information with regard to concussions.

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

Name: _____
Parent/Legal Guardian (please print)

Signature: _____ **Date:** _____