

**Spokane Youth Sports Association  
Rec Soccer U06-U14 201 -2011 - PLAYERS**

**PARTICIPANT INFORMATION**

First Name: Middle Initial: Last Name:  
Address: State: Zip Code:  
City: Date Of Birth:  
Email Address:  
Gender:

Home Phone:  
Grade:  
County Schools:  
Closest High School:  
Previous Coach / Team:  
Additional Comments:  
Emergency Contact Name:  
Emergency Contact Phone No.:  
Allergies Or Special Needs:  
Concussion Compliance:

**PARENT/GUARDIAN INFORMATION**

PG 1 First Name: PG 1 Last Name:  
PG 1 Primary / Home Phone: PG 1 Work Phone: PG 1 Alternate / Cell Phone:  
PG 1 Email Address:

PG 2 First Name: PG 2 Last Name:  
PG 2 Primary / Home Phone: PG 2 Work Phone: PG 2 Alternate / Cell Phone:  
PG 2 Email Address:

**WAIVERS/NOTICES**

**SYSA Waiver**

Release of all claims against Spokane Youth Sports Association: In consideration of permission granted my child/ward by Spokane Youth Sports Association to participate in the activity checked above, I the parent or guardian of the above named child, hereby release and discharge Spokane Youth Sports Association, its officers, employees, representatives, coaches, and referees from all claims, demands, actions, judgments, and executions which the child, parent or guardian ever had, now has, or may have, or which the child or guardian's heirs, executors, administrators or assignees may have or claim to have against Spokane Youth Sports Association, its officers, employees, representatives, coaches, and referees; their successors or assignees, for all personal injuries, known or unknown to my child/ward, and injuries to property, real or personal, caused by, or arising out of the above described sports activities. Also, I the parent or guardian of the above named child, hereby authorize Spokane Youth Sports Association the ability to use photos of my child taken during games, practices, and events.

I, the parent or guardian, have read this release and understand all terms. I execute it voluntarily and with full knowledge of the significance. My electronic signature is legal authorization for emergency care and acknowledgment of release of all claims statement.

**US Club Soccer Affiliation**

US Club Consent to Register: I hereby consent to Spokane Youth Sports Association registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time.

US Club Release: I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agreed to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**Getting Started!**

Soccer teams MAY begin practices after March 24, but a team cannot begin until there is an approved Volunteer Coach.

SYSA seeks a Volunteer Coach for each team and encourages anyone interested in coaching to register online and, as needed, contact Christina Harris at [christina@sysa.com](mailto:christina@sysa.com)

**FOR YOUR RECORDS ONLY**

**Signature**

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**Date Signed**

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