

Buckeye Travel Soccer - 2017/2018

Player's Name _____ Date of Birth _____ Home Phone _____

Parent Name _____ Cell Phone _____ Email Address _____

Parent Name _____ Cell Phone _____ Email Address _____

Player Status: *circle one* **New or**

New Players only: Jersey Number Requested (need 3 choices): _____

I, the undersigned parent/guardian, in allowing my child/ward to participate in Buckeye Soccer Association (hereinafter, BSA) activities, understand that he/she, in attending any program or game, and using BSA facilities, does so at his/her own risk. BSA and its agents and employees, shall not be liable for any damage whatsoever arising from any injury or loss to persons or property, sustained by the participant and/or his/her family and/or guests on or about the premises. Participants and parents/guardians assume full responsibility for any and all injuries and/or damages which may occur on or about any BSA activities and he/she does hereby fully and forever release, discharge, and hold harmless BSA and its employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any programs, activities, or games, or use of BSA facilities. In addition, the participant and his/her family and guests agree(s) to follow the rules of play and conduct set by BSA, US Club, US Youth, OHTSL and the American Amateur Soccer League and understand(s) that failure to do so may result in suspension from participation. I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, post, broadcast, or other account of BSA activities, programs, or games, including but not limited to promotion of future events or other promotional use.

I, the undersigned parent/guardian of: _____ do hereby grant authority to BSA, its employees, and/or agents to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____