COSMOPOLITAN SOCCER LEAGUE

Player Registration, Waiver, Medical and Media Release

Season: [X] Spring [ ] Fall **Year:** 2017 **Age Group:** [ ]U8/GU9 [ ]U9/GU10 [ ]U10/GU11 [ ]U11/GU12 [ ]U12/GU13 [ ]U14/GU15

PLAYER NAME:_____ **DOB:** mm / dd / yyyy

PARENT/GUARDIAN:_____ **PHONE:** _____ **EMAIL:**_____

CLUB:_____ **COACH:**_____

KNOWN ALLERGIES:_____

These box filled by League Registrar. **Proof of birth document:**_____ **Original / Copy**

Please initial all true statements:

☐ Our team officials have provided parents with ample information about concussions in sports and I understand the risks and signs of concussions in a child.

☐ I am aware that all teams participating in the Cosmopolitan Soccer League have agreed through an official representative to abide by the rules of the league's ***Child Safety and Fair Business Protocols Agreement*** and that the content of this document has been shared with parents on our team and to which I have also agreed to abide by.

☐ I understand that all rules and laws pertaining my child's games are contained in a document titled **CSL Game Rules and Regulations [age group]** and that such document has been offered to me for review before signing this form.

I recognize the possibility of physical injury associated with playing soccer, and hereby release, discharge, and otherwise indemnify the clubs, league, their sponsors, trustees, owners 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 the Cosmopolitan Soccer League and/or being transported to or from the same, which transportation I hereby authorize.

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 player listed above with medical assistance and/or treatment and agree 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 player listed above to a medical treatment facility should an individual listed above consider it to be warranted**.** My Child has received a physical examination by a physician and has been found physically capable of competing at the Cosmopolitan Soccer League and related activities.

League staff takes photographs and video of our players and events to share both internally and externally. Unless a player requests otherwise, the league will make the assumption that he/she will welcome involvement in these activities and give us permission to photograph and/or videotape his/her image and/or voice for use in any league publications or promotional materials, in any medium now known or developed in the future without any restrictions.

Print Guardian Name:_____ Sign:_____ Date: / /