## **COSMOPOLITAN SOCCER LEAGUE**

## Player Registration, Waiver, Medical and Media Release

SEASON [X] Spring [ ]	Fall <b>YEAR _2019</b>	_	
SELECT ONE: New CSL Pla	ayer [ ](Fee \$20) /	Returning	Player [ ](Fee \$5)
PLAYER NAME:		DOB: M	/D /Y
PARENT/GUARDIAN:			
CELL PHONE:	EMAIL:		
TEAM:	COACH:		
KNOWN ALLERGIES:			
	ements: led parents with ample informati d signs of concussions in a child		in sports
	laws pertaining my child's game Regulations and that such docu n.		
I recognize the possibility of physical recognize the possibility of physical indemnify the clubs, league, their speassociated personnel of these organizes and that player's participation in which transportation I hereby authorize	consors, trustees, owners and i zations, against any claim by o the Cosmopolitan Soccer Leag	ts affiliated organizat	ions, and the employees and cer player named above as a
I hereby give my consent to have an attreatment facility, and/or doctor of medical assistance and/or treatment treatment. I understand treatment for transportation of the player listed abovewarranted. My Child has received a competing at the Cosmopolitan Soccer	edicine or dentistry or associa and agree to be financially re injury will be based on informa we to a medical treatment facilit physical examination by a ph	ted personnel provide esponsible for the co tion provided herein. y should an individual	e the player listed above with st of such assistance and/or I hereby authorize emergency I listed above consider it to be
League staff takes photographs and volume player requests otherwise, the league and give us permission to photograph promotional materials, in any medium r	will make the assumption that and/or videotape his/her image	he/she will welcome i e and/or voice for use	involvement in these activities in any league publications or
Print Name:	Sign:	1	Date: / /