



# REGISTRATION FORM - Registro

DO NOT USE YOUR SOCIAL SECURITY NUMBER - AN ID NUMBER WILL BE ASSIGNED TO YOU

LEAGUE NAME - Liga

TEAM NAME - Equipo

L#

T#

## WAIVER AND RELEASE OF LIABILITY - ADULT OR MINOR

USSF, USSSA, LIGAS UNIDAS

In consideration of being allowed to participate in any way in USASA/USSF/TSSAS athletic/sports program and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence of others, the rules of play, or the condition of the premises, or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue USSF/USASA/TSSAS, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

PLAYER SIGNATURE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: (Must sign if Player Under 18) \_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

X

X

DATE:

DATE:

1. LAST NAME - Apellido	FIRST NAME-Nombre	ASSIGNED ID	PHONE NUMBER	BIRTHDATE
ADDRESS	CITY, STATE, ZIP	EMAIL	SIGNATURE	
2. LAST NAME-Apellido	FIRST NAME- Nombre	ASSIGNED ID	PHONE NUMBER	BIRTHDATE
ADDRESS	CITY, STATE, ZIP	EMAIL	SIGNATURE	
3. LAST NAME-Apellido	FIRST NAME-Nombre	ASSIGNED ID	PHONE NUMBER	BIRTHDATE
ADDRESS	CITY, STATE, ZIP	EMAIL	SIGNATURE	
4. LAST NAME-Apellido	FIRST NAME-Nombre	ASSIGNED ID	PHONE NUMBER	BIRTHDATE
ADDRESS	CITY, STATE, ZIP	EMAIL	SIGNATURE	

