

Ashland Adult Soccer Registration

Player Name _____	Age _____	Player Level _____	
Email _____	Phone _____	1 Beginners	2 Intermediate
Emergency contact # _____		3 Advance	4 Goalie

Personal Waiver - 2023

RELEASE OF LIABILITY

Release of All Claims: I, _____, agree that in consideration for the registrant being allowed to participate in and ASHLAND SOCCER CLUB soccer programs and activities (referred to as PROGRAMS below) I agree as follows: I agree to release, waive, discharge and indemnify OYSA and ASHLAND SOCCER CLUB, from any and all liabilities, claims, demands or causes of action that may arise, by or on behalf of my family or dependents from or related to any loss, damage, permanent disability or injury, including death sustained by the me while they are participating in the PROGRAMS and/or while the registrant is being transported from the same, which transportation I hereby authorize. This release, waiver, discharge and indemnification clause includes any claims for injury and death based on negligence of ASHLAND SOCCER CLUB and any owner or manager of locations where programs take place including but not limited to; The City of Ashland, Ashland Family YMCA, Ashland School District #5, their employees and agents. As a participant, I am fully aware of the risks connected with participation in the PROGRAMS. These risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, my personal condition, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and monitors, and lack of hydration. I, therefore, expressly assume all of the foregoing risks and accept personal responsibility for my personal safety.

Consent for Medical Treatment: I certify I am in good physical condition and I have no knowledge of any physical condition, injury, or illness whatsoever that would place me at risk to participate in the ASHLAND SOCCER CLUB PROGRAMS. I also hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the registrant.

Code of Conduct: I agree to abide by all rules of and ASHLAND SOCCER CLUB its affiliated organizations and sponsors. Additionally, I hereby acknowledge that we have received, read, understand and agree that our family and guests will fully abide by all rules for the Ashland Soccer Club Adult League. I recognize that referees and club officials have authority to remove players and spectators from the premises. All Ashland Soccer Club programs are smoke-free, drug-free activities. Alcohol use before and during the games is strictly prohibited. Players and spectators under the influence of drugs or alcohol will be asked to leave the premises at the discretion of referees or coordinators. Alcohol consumption after games is also prohibited both on the premises of games or in the parking lot.

Expulsion from Participation: (please initial each)

I understand as a player I will be expelled from participation without any refund of fees for;

- 1) Attempting to participate in activities while under the influence of **drugs or alcohol** _____
- 2) Physically or verbally threatening a referee or coordinator _____
- 3) Bringing any type of weapon to the game premises whether in person or in my vehicle _____
- 4) Foul and abusive language to referees or fellow players _____
- 5) Assaulting another player or referee at any time _____
- 6) Refusing to follow directions given by a coordinator or referee _____
- 7) No metal cleats allowed & must have shin-guards & cleats to play _____

Adult Member's Signature

Date