



Adult Player Registration Form Pa _____

Player Name ID # – Dr. License w/State OR SSN

Address

City, State, Zip Code

Phone (with Area Code) _____ Date of Birth Male Female

E-mail Address:

TEAM INFORMATION

Circle the appropriate choice: NEW _____ Transfer _____

Association: ERSA Division & Age: ADULT CO-ED Over 19 Div. ____ Over 30 Div. ____ or
Over 40 Div. ____ Coffee League ____

Captain's Name:

Transferring from (If applicable):

Adult Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the **Tennessee State Soccer Association** athletic/sports program and related events and activities, the undersigned:

1. Agree that prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise the 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 from my 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 me 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 **Tennessee State Soccer Association**, 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, leasers of the premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from demands, losses or damages on account of injury, including death or damage of property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I have read the above waiver and release and understand that I have given up substantial rights by signing it and sign it voluntarily. (Please write legibly.)

Printed Name Signature Date

Registrar's Printed Name Registrar's Signature Date