JOHNSTON UNITED SOCCER ASSOCIATION
Classic/Challenge Registration Form: 2007 Fall-2008 Spring

Check one: [ ] Classic $105 [ ] Challenge $95

Please make checks payable to **JOHNSTON UNITED SOCCER ASSOCIATION**

Mail registration form to: **PO Box 843, Clayton, NC 27528**

Attach a copy of birth certificate.

Date of Birth: (format MM/DD/YYYY) _____ *Age As of* **8/1/2007**_____

OFFICIAL USE ONLY *Rev 1.31*

Member ID _____

Address ID _____

Registration ID _____

USYSA: _____

Team Assigned _____

[ ] Medical Waiver [ ] Birth Certificate

[ ] Check # _____ *[ ] Cash*

*Date Receved:*_____

Gender: (Male or Female): _____

Last Name | *First Name* | *Middle Name*

Address | *City* | *State* | *Zip Code*

Home Phone | *Email address (list alternate email address if available)* | *Mobile Phone*

Mother's First Name | *Work Phone* | *Mobile Phone*

Father's First Name | *Work Phone* | *Mobile Phone*

School, City: _____ *Grade:* _____

List any medical problems or 'N/A' _____

Doctor to notify in emergency: _____ *Telephone:* _____

Person to notify in emergency: _____ *Telephone:* _____

PARENTAL SUPPORT

We are a parent run volunteer orgranization and seek active participation. Check area(s) in which you would be willing to help

__ **Coach** __ **Team Manager** __ **Board Member** __ **Referee** __ **Web Developer**

__ **Assistant Coach** __ **Field Preparation** __ **Special Projects** __ **Concessions** __ **Other** _____

WAIVER/RELEASE OF LIABILITY

I intend to allow my child to participate in Johnston United Soccer Association (JUSA.) I recognize that soccer is a collision sport and that the risk of physical injury is inherent to the sport. I certify that my child is medically sound and physically fit to play soccer. I am aware of and voluntarily assume all risks - regardless of their causes - to my child, including accidental injury caused by the negligence of others, arising from his/her participation in the JUSA and/or its activities, including participation in the sport of soccer. Such risks specifically include, but are not limited to - and I certify that I will make my child aware of - the danger of significant personal injury (including death) associated with soccer goals which may tip over or collapse when used as a device on which to climb, hang, or otherwise play, or when improperly moved or secured. I understand it is not the responsibility of JUSA or its representatives to serve as guardians of my child's safety. I am responsible for my child's protective equipment and the use by my child of protective equipment, including shin guards and mouthpieces and for the condition of his/her cleats if he/she chooses to wear them.

Furthermore, I understand the weather conditions and condition of the playing field can vary and can increase the risk of personal injury. I will note the weather conditions and the condition of the field, and I voluntarily assume all risks to my child arising from such conditions. I will not hold the JUSA or any of its officers, employees, or agents liable in damages for any injuries my child might sustain while participating in the JUSA and any activities or leagues sponsored by it. I hereby release and forever hold harmless JUSA and all of its officers, employees, or agents from any liabilities, claims, damages, or losses arising from or in any way relating to my child's participation in the soccer club. My signature below indicates that I have carefully read the registration form, accurately completed it, and fully understand the Release and Assumption of Risk, which I am voluntarily signing, will bind me, my heirs, and my personal representatives.

Parent/Guardian Signature _____ *Date* _____