

Central Virginia Soccer Association

P.O. Box 18176
 Richmond, Virginia 23226
 www.cvsasoccer.org
 Player Registration Form

First Name																			Middle Initial			
Last Name																						
Date of Birth							/							/							Sex	
																		M ___ F ___				
Address Line 1																						
Address Line 2																						
City													State			Zip						
Home Phone					-					-												
Work Phone					-					-					Ext.							
Fax					-					-					Ext.							
E-Mail																						
Occupation																						
Team																	Jersey #					

Release & Disclaimer

SOCCER IS A CONTACT SPORT INVOLVING RISK OF SERIOUS INJURY, DISABILITY, OR DEATH. NOT ALL RISKS ARE FORESEEABLE. IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE, I AGREE TO RELEASE, WAIVE, AND COVENANT NOT TO SUE THE UNITED STATES SOCCER FEDERATION, THE CENTRAL VIRGINIA SOCCER ASSOCIATION, DIRECTORS, OFFICERS, REFEREES OR ANY AFFILIATES ON ACCOUNT OF INJURY, DEATH, OR PROPERTY DAMAGE ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY AFFILIATES ACTIONS OR OMISSIONS.

I HAVE READ THE RELEASE AND DISCLAIMER ABOVE AND RECOGNIZE THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASSUME THE RISK.

PLAYERS SIGNATURE: _____ DATE: _____

PARENTS SIGNATURE: _____
 (Required if player is under 18 years of age)