COSMOPOLITAN SOCCER LEAGUE

Player Registration, Waiver, Medical and Media Release

Season: [] Spring Year: _ [] Fall	Age Gro u []U12/6	ip: []U6 []U8 []U10/GU11 GU13 []U14/GU15 []U17/GU19
PLAYER NAME:		DOB: / /
PARENT/GUARDIAN:		EMAIL:
TEAM:		
KNOWN ALLERGIES:		
Proof of birth document:_		circle one:
		Original / Copy
Please initial all true statemen	nts:	
Our team officials have provided pare understand the risks and signs of cor	-	ut concussions in sports and I
I am aware that all teams participating an official representative to abide by Protocols Agreement and that the often and to which I have also agreed	the rules of the league's Child S content of this document has bee	Safety and Fair Business
I understand that all rules and laws possible CSL Game Rules and Regulations for review before signing this form. (Note: This document is also available of	[age group] and that such docu	ument has been offered to me
the clubs, league, their sponsors, trustees, personnel of these organizations, against any	owners and its affiliated organ y claim by or on behalf of the s cer League and/or being transp	by release, discharge, and otherwise indemnify izations, and the employees and associated soccer player named above as a result of that orted to or from the same, which transportation
treatment facility, and/or doctor of medicine of assistance and/or treatment and agree to be understand treatment for injury will be based the player listed above to a medical treatment	r dentistry or associated personne e financially responsible for the on information provided herein. I t facility should an individual liste	emergency medical technician, nurse, medical nel provide the player listed above with medical e cost of such assistance and/or treatment. If hereby authorize emergency transportation of ed above consider it to be warranted. My Child cally capable of competing at the Cosmopolitan
League staff takes photographs and video of requests otherwise, the league will make the a permission to photograph and/or videotape haterials, in any medium now known or devel	issumption that he/she will welco his/her image and/or voice for u	ome involvement in these activities and give us use in any league publications or promotional
Print Name:	Sign:	Date: / /