

HOSTED IN PARTNERSHIP WITH CALIPATRIA UNIFIED SCHOOL DISTRICT EXPANDED LEARNING OPPORTUNITIES PROGRAM (ELO-P) AND CALIPATRIA HIGH SCHOOL ATHLETICS



INVITES YOU TO A FREE DAY OF PLAY

PRE-REGISTRATION REQUIRED

Saturday, March 21st 9:00 AM - 12:00 PM Calipatria High School - Veterans Field - 601 W. Main Street, Calipatria, CA. 92233

----- FREE T-SHIRT & SOCCER BALL FOR EACH ATTENDEE -----

AGES 5 TO 16 - LIMITED SPOTS AVAILABLE Online Registration

Sign Up Link:

[AYSO PLAY! NOW | Calipatria Unified School District](#)

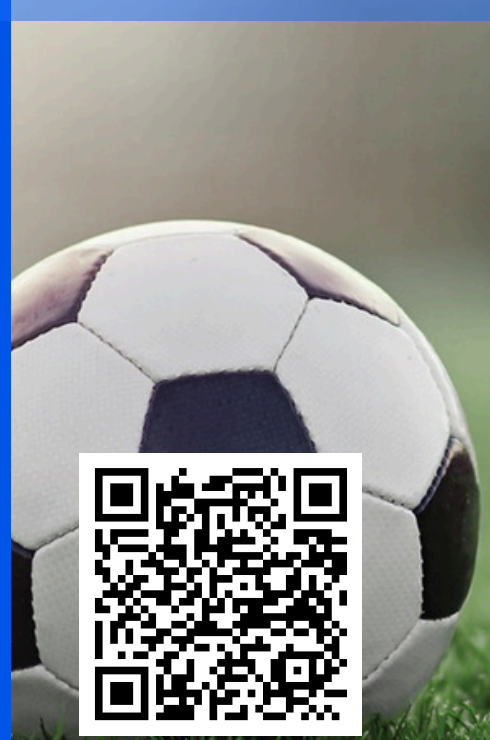
FRONT AND BACK - MUST BE COMPLETED

STUDENT NAME

SCHOOL

GRADE

AGE



Player Last Name _____

Player First Name _____

Gender _____

Date of Birth _____

Address _____

City _____

State _____

ZIP code _____

Parent/Guardian Last Name _____

Parent/Guardian First Name _____

Phone Number _____

Parent/Guardian Email Address _____

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

I ACKNOWLEDGE THAT PARTICIPATION IN SOCCER NECESSARILY INVOLVES TRAVEL, PLAY IN ADVERSE FIELD CONDITIONS, CONTACT WITH CONSIDERABLE FORCE, AND RISK OF SEVERE, PERMANENT PHYSICAL INJURY INCLUDING BRUISES, SCRAPES, STRAINED, SPRAINED OR TORN MUSCLES, TENDONS OR LIGAMENTS, BROKEN BONES, DISLOCATION OF JOINTS, CONCUSSION, BRAIN DAMAGE, NERVE AND SPINAL CORD INJURY, PARALYSIS AND DEATH. I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (THE TERM RELEASEES IS DEFINED BELOW.). I AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND

CONDITIONS FOR PARTICIPATION OR CONTINUED PARTICIPATION AND, IF THE PARTICIPANT (PLAYER) OR I OBSERVE ANY CONCERN IN PLAYER'S READINESS FOR PARTICIPATION IN PRACTICES, GAMES OR OTHER ACTIVITIES (EVENTS), I WILL REMOVE PLAYER FROM PARTICIPATION AND IMMEDIATELY BRING SUCH CONCERN TO THE ATTENTION OF THE NEAREST OFFICIAL AND THE REGIONAL COMMISSIONER AS SOON AS POSSIBLE.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, TO THE FULLEST EXTENT PERMITTED BY LAW, THE AMERICAN YOUTH SOCCER ORGANIZATION (AYSO), ITS PLAYERS, EMPLOYEES,

VOLUNTEERS, OFFICIALS, SPONSORS AND OTHER REPRESENTATIVES AND ALL OWNERS, LESSORS, LESSEES OR OTHER PERSONS OR ENTITIES ALLOWING THE USE OF FACILITIES BY AYSO AND THE AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS OF SAID PERSONS OR ENTITIES (RELEASEES) FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, COSTS, EXPENSES AND COMPENSATION ARISING OUT OF OR IN ANY WAY RELATED TO A LOSS, INJURY OR OTHER DAMAGE TO PLAYER OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD

OR INDIVIDUALS I INVITE OR FOR WHOM I AM OTHERWISE RESPONSIBLE, OR TO THEIR PROPERTY, WHILE PARTICIPATING IN OR PRESENT AT ANY OF THE EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I ACKNOWLEDGE THAT AYSO IS PRIMARILY ADMINISTERED BY VOLUNTEERS RATHER THAN PAID PROFESSIONALS.

I ACKNOWLEDGE AND AGREE THAT THIS WAIVER AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE IN WHICH WE LIVE AND AGREE THAT IF ANY PORTION OF THIS WAIVER AGREEMENT IS DEEMED TO BE INVALID, THE REMAINDER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

ACKNOWLEDGEMENT AND CONSENT:

I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available online at <http://www.ayso.org>, as may be amended from me to me, and either I have read and understand the terms or I will do so before Player participates in any Events. For internal and external use, AYSO may obtain, compile and use contact information, soccer photographs and audio-visual recordings of Player consistent with the AYSO Privacy Policy set forth at <http://www.ayso.org>, as may be amended from me to me. I consent to such uses and hereby waive all rights to approval and compensation.

On behalf of myself, or Player (if Parent), and all members of my family or child's family, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at <http://www.ayso.org>, as may be amended from me to me, and all decisions and directions of the Regional Board, Area and Section staff, and the National Board of Directors, and agree that Player or any member of Player's family may be removed from the program at any time with or without cause. I represent that Player has not been convicted of any crime nor does Player have any known condition that might pose undue risk to other participants.

I HAVE READ THE AGREEMENTS SET FORTH HEREIN AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO SAID TERMS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. I

ALSO AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.

Emergency Treatment Authorization

In an emergency, I hereby authorize each of the Coaches, Volunteer Team Parents, or other Officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them to consent to medical, surgical or dental examination and/or treatment.

I SIGN THIS FORM ON BEHALF OF MYSELF AND PLAYER AND AGREE VOLUNTARILY AND WITHOUT INDUCEMENT.

>>>> Parent/Guardian Signature _____

>>>> Date _____