

# Black Swamp Soccer League

Club Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Rules of the USYSA

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, the Black Swamp Soccer League (BSSL), its affiliated clubs, organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA & BSSL and its affiliated clubs accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA its affiliated organizations and sponsors (e.g. Ohio Youth Soccer Association North, BSSL, Clubs and Soccer Coaches), their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

**Please sign here to indicate you've read and agree to the above:**

**Name:** \_\_\_\_\_  
Parent/Legal Guardian (please print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_