

WESTERN SUBURBAN SOCCER LEAGUE

PLAYER REGISTRATION FORM - Fall 2021 / Spring 2022

Name Cowell Caden T
Address 2060 E Farrand Rd Date of Birth 01/14/20
City clio State MI Zip 48420 Phone ((810)936-3053
I voluntarily desire to play soccer for the DCFC Youth Genesee 09 B Gold
AFFILIATING CLUB or ASSOCIATION TEAM NAME

competing in the Western Suburban Soccer League (WSSL). I understand that signing this form binds the above named player to the above named affiliating club or association for the entire seasonal year (both Fall/Spring) unless an application for the transfer to another league is approved by the WSSL using the WSSL Player Transfer Form. Transfer between WSSL Clubs or Associations will NOT be approved.

Signature of Player x Caden Date 06/02/20
Signature of Parent/Guardian x Amanda Date 06/02/20

I understand that signing this form binds the above named affiliating club or association to the above named player for the entire seasonal year (both Fall/Spring) unless an application for the transfer to another league is approved by the WSSL using the WSSL Player Transfer Form. Transfer between WSSL Clubs or Associations will NOT be approved.

Signature of Coach/Team Official x [Signature] Date 06/12/2021
Signature of Affiliating Club or Association President or Registrar x [Signature] Date 06/12/2021

I, as the Affiliating Club or Association President or Registrar, confirm documentation is on file with the Affiliating Club or Association that certifies the player's age eligibility.

WESTERN SUBURBAN SOCCER LEAGUE Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in WSSL sanctioned soccer activities, the undersigned:

1. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions and/or inactions, but the negligence of others, the rules of play, or the condition of the premises or of any equipment used, and acknowledges further, that there may be other risks not known or not reasonably foreseeable at this time;
2. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death;
3. Releases, waives, discharges and covenants not to seek any legal action against the WSSL, its member Associations, Affiliated Clubs, or teams and their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter, referred to as "Releasees"; from demands, losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise;
4. Agrees, in further consideration for my child's participation, to hold harmless and indemnify the "Releasees" for any injury resulting from my child's conduct in the program; and
5. Agrees to accept and abide by all the rules, regulations, code of conduct and policies stated by the WSSL.

Printed Name of Parent/Guardian Amanda Cowell
Signature of Parent/Guardian x Amanda Date 06/02/20