



# Hudson Soccer Association

## Adult Recreational Leagues



**Please Print**

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Sex (Circle one) M F

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Current Affiliation with HSA (circle one):**

Child in Recreational League    Child in Hudson United    Previous Player

Child's Name \_\_\_\_\_

Previous Soccer Experience (circle one):    None    High School    College    Recreational

T-Shirt Size (circle one): S M L XL XXL XXXL

**(For New Players) How did you learn about HSA?**

Hudson Hub \_\_\_\_\_ HCER \_\_\_\_\_ Website Search \_\_\_\_\_ Other \_\_\_\_\_

### **Release and Waivers**

***Liability Waiver***

I, the undersigned, registered with this form ("the Registrant") recognize the possibility of bodily, physical, and/or emotional injury and/or property damage, related to participating in, traveling to and from, attending and watching soccer practices, games, programs and/or activities that relate in any way to Hudson Soccer Association's (H.S.A.) Instructional and Recreational League.

Therefore, in consideration for H.S.A.'s acceptance of the Registrant into it's Instructional and Recreational League, I hereby release, discharge, indemnify and/or hold harmless (1) H.S.A. and H.S.A.'s board members, officers, agents, employees, coaches, team managers, referees, referee coordinators, sponsors, volunteers, associated personnel, and affiliated organizations; (2) the owners and operators of the fields and facilities utilized by H.S.A. for soccer practices, games, programs and activities, and all of their officers, directors, agents and employees; and (3) the Hudson Board of Education, the Hudson School District, the Hudson Park Board and all of their board members, administrators, officers, directors, agents and employees, from and against any and all claims, including, but not limited to, claims for bodily, physical, or emotional injury and or property damage, by or on behalf of myself, the Registrant, my spouse, my other family members, and our executors and administrators relating in any way to my, the Registrant's, my spouse's or other family members' participation in, travel to and from, and/or attendance at soccer practices, games, programs and/or activities that relate in any way to H.S.A.'s Instructional and Recreational League.

**Publication of Photos**

Do you consent to a photo of yourself appearing on the HSA web site or in the Hudson Hub? **Yes / No**

**Medical Emergency Treatment**

Does a qualified person have permission to administer first aid treatment in case of illness or accident? **Yes / No**

***I, the Registrant, hereby agree to be bound by the above liability waiver and give my consent for emergency care prescribed by a duly licensed physician, dentist or other qualified medical personnel acting under their supervision. This care may be given under whatever conditions are necessary to preserve life, limbs, health, and well being of the Registrant.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **HSA Use Only**

Player's Name \_\_\_\_\_ Team Number \_\_\_\_\_

**Session 1-Check #** \_\_\_\_\_ **Amount** \_\_\_\_\_    **Session 2-Check #** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Session 3-Check #** \_\_\_\_\_ **Amount** \_\_\_\_\_    **Session 4-Check #** \_\_\_\_\_ **Amount** \_\_\_\_\_

### **Hudson Soccer Association**

PO Box 2170, 33 Milford Drive Unit #2, Hudson Ohio 44236

**Phone: 330.342.9208 - Fax: 330.342.9209 - Website: www.HudsonSoccerOhio.org**