



Hudson Soccer Association Instructional & Recreational League



Player Information

Please Print

Player Name _____ Grade (Circle One) K 1 2 3 4 5 6 7 8 9 10 11 12

Address _____ Sex (Circle one) M F

City _____ Zip Code _____ Birthday _____ Proof of Birthdate _____

Telephone _____ Parent's E-Mail _____

Mother's Name _____ Father's Name _____

Number of years of playing experience _____ Last Year's HSA Team _____ New Player _____

Willing to play goalie? Yes / No _____ Player's Height _____ Player's Weight _____

High School players only, circle shirt size: S M L XL 2XL 3XL

Are there any special needs that a coach should be aware of? _____

What are you as a parent willing to do in the Hudson Soccer Association? Coach Assistant Coach Team Manager

For what session(s) are you willing to volunteer as checked above? Outdoor Indoor 1 Indoor 2 Indoor 3

(For New Players) How did you learn about HSA? Hudson Hub HCER School Handout Other _____

Consents, Releases & Waivers

Liability Waiver:

I, the undersigned parent or guardian of the child 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 (HSA).

Therefore, in consideration of H.S.A.'s acceptance of the Registrant into any of its Instructional Programs, 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.

Movable Soccer Goal Danger Notice: Full-size or nearly full-size movable soccer goals are inherently dangerous and may cause serious injury and/or death resulting from soccer goal tip over and/or tangling in the net. It is the policy of H.S.A. that no individual shall climb, hang or otherwise interact with its soccer goals (framework or net) other than authorized individuals.

_____ I acknowledge by placing my initials on the preceding line that I have read the Goal Danger Notice and understand that it is my responsibility, at all times, to monitor and be responsible for my actions and the actions of my child/ward whether at a H.S.A. practice, game, or other H.S.A. sponsored event or in the presence of an H.S.A. movable soccer goal.

Publication of Photos: Do you consent to a photo of your child appearing on the HSA web site or in the Hudson Hub?

Yes / No

Medical Emergency Treatment: Does a duly licensed physician, dentist, or other qualified medical personnel acting under their supervision have permission to administer first aid treatment to your child / ward in case of illness or accident under whatever conditions are necessary to preserve life, limbs, health, and well being of the Registrant? **Yes / No**

As the parent or legal guardian of the Registrant, I hereby agree to be bound by the above Liability Waiver, Releases & Waivers and give my consents as identified for the publication of photos and for emergency care.

Signature of Parent/Guardian _____ Date _____

HSA Use Only

Player's Name _____ Team # _____

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

Sess 1: Ck # _____ Amt \$ _____
Sess 2: Ck # _____ Amt \$ _____
Sess 3: Ck # _____ Amt \$ _____
Sess 4: Ck # _____ Amt \$ _____