

Ada Soccer Association
Underage players

I as the parent/guardian of the registrant hereby clearly understand that by giving my consent for my son/daughter/ward to play one age level higher than my son/daughter/ward has potentially a greater risk of personal injury as this is a contact sport and there is already a risk of personal injury as soccer is a physical sport among friendly rivals.

Recognizing the possibility of physical injury associated with soccer and in consideration for the USUSA 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. The Black Swamp League, The Ada Soccer Association 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

Player _____ Level _____ up to _____

Parent/Guardian _____
(Printed Signature)

Signature _____ Date _____