



This form should be submitted to your home team's Club.  
This form must be retained by the club for at least five (5) years.

## ADULT PLAYER REGISTRATION FORM

League Name \_\_\_\_\_

Club Name \_\_\_\_\_

Team Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

I hereby consent to the above-named club registering me with US Club Soccer. [Note: it will not be necessary to complete this form again as long as I am with the same club or team unless the information below changes].

\_\_\_\_\_  
*Player's Signature*

\_\_\_\_\_  
*Date*

### PLAYER'S INFORMATION

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

Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone : ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Other  
Phone: ( ) \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_

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

Please list any allergies or  
other medical conditions:  
\_\_\_\_\_

### In an emergency, please contact the following:

Name \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

### LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization.

I hereby release, discharge, and otherwise indemnify my club and team, US Club Soccer, their sponsors, the USSF and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in US Club Soccer programs and competitions.

I understand that my organization has chosen to cover me with optional secondary accident medical insurance, but the coverage is not effective until a roster with player information has been submitted to US Club Soccer, and the insurance premium has been paid. I understand I am also covered with the same liability insurance coverage afforded all other members of, and players and staff registered with, US Club Soccer.

*Player's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**NOTE:** Any youth players (U-19 or younger) competing on an adult team must submit proof of birth and parent/legal guardian signature on this form.

I, \_\_\_\_\_ [print name] give my approval for the youth player named on this form to compete on an adult team.

*Parent's Signature (if necessary)* \_\_\_\_\_

*Date* \_\_\_\_\_



## Acknowledgement of Jewelry Policy and No Dog Policy Sacramento Valley Women's Soccer League

**NO JEWELRY.** I understand that the rules of FIFA and the Sacramento Valley Women's Soccer League ("SVWSL") prohibit the wearing of jewelry during league matches. I understand that before I can play in any league match, the referee will ask me to remove any and all jewelry, including but not limited to, rings, necklaces, earrings, nose rings and eyebrow rings. I understand that these rules also apply to permanent and non-removable jewelry.

**NO DOGS.** I understand that SVWSL does not allow dogs at any field site where no dogs are allowed is posted. I understand that my team will forfeit its game and will pay applicable forfeit fees if any team member, coach or spectator of my team refuses to remove a dog upon request from any field site where no dogs are allowed is posted.

**NO REFUNDS.** I understand that SVWSL is not responsible for refunding any registration fees or other league fees if I choose to acquire permanent or non-removable jewelry during the season, or if I otherwise choose not to comply with these rules.

**TEAM NAME:**

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Print Name	Signature	Date
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