



NORTHWEST OHIO YOUTH SOCCER LEAGUE 20 - 20 SEASONAL YEAR

□ FALL □ SPRING





Parent/Guardian Information		* Required Field	**At least o	ne field is required
First Name*	Last Name*		Relation to Child*	
Street Address*			Apartment/Unit #	.
City*	State*	e	Zip*	
,			_,_	
Home Phone**	Cell Phone**		Spouse's Cell Phor	ne**
			☐ Male ☐ Femal	e
Email*				
Parental/Volunteer Support: Coach	Manager Parent/Guardian #2's Name**:			
Player Information				
□ New Player	☐ Returning Player	If returning, Ohio No	rth Player ID Number:	
			☐ Male ☐ Femal	e
First Name*	Last Name*	M.I.	Gender*	-
			☐ Competitive	☐ Recreational-JRS only
DOB (MM/DD/YYYY)*	Age Group*		Play Level*	
Club*	TEAM NAME*			Team ID Number
Emergency Contact #1*		Phone*		
	oblem(s)/physical limitation(s) the player has:			
As a parent or legal guardian of the abov	re named player, I request that the registrant's name be rem	noved from the Association's magazi	ne, camp, ODP, and other pro	gram mailing list. □
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NWOYSL Waiver / Ohio Nor				
We, the registrant and the registra	nt's legal parent or guardian, hereby agree and ack	nowledge the following: (1) Wa	agree to abide by the rule	es of Ohio Youth Soccer

Association North ("Ohio North") and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Ohio North accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Ohio North, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, and the owners of fields and facilities utilized for the Youth Programs ("Releasees"), against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury disability, loss or damage to person or property, or death, whether arising from the negligence of the Releases' or otherwise to the fullest extent permitted by law, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to Ohio North authorized representative for the limited purpose of verifying the Ohio North player's age and identity. (4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Ohio North taking photographs, video recordings, and/or sound recordings in documenting the activities of Ohio North's programs and services. We hereby grant Ohio North and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Ohio North and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. (6) I understand that per Ohio "Return to Play Law" coaches and (or) referee shall remove an athlete exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury from practice or competition. Also, I understand that coaches shall refrain from allowing an individual to return to the practice or competition from which the individual was removed, or to participate in any other practice or competition until the individual has been assessed and cleared for return by a physician or by any other licensed health care provider authorized by youth sports organizations. (7) We have review NWOYSL code of conduct, and have signed and will abide by all NWOYSL rules, constitution and bylaws. WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS. WE UNDERSTAND THAT WE WAIVE SUBSTANTIAL RIGHTS BY SIGNING THIS FORM. WE AGREE TO WAIVE ALL SUCH RIGHTS ABOVE INCLUDING THE RIGHT TO FILE A LEGAL ACTION OR ASSERT A CLAIM FOR PERSONAL OR PHYSICAL INJURY OR DEATH OF ANY KIND. WE SIGN THIS RELEASE FORM FREELY OF OUR OWN FREE WILL.

Signature of Parent/Legal Guardian

Date