



2016 PDL Amateur Registration

Club Name: _____

PLAYER BIOGRAPHICAL INFORMATION: (complete all sections)

Last Name First Name Middle Initial

Current Address City State Zip

Phone Number E-Mail

Twitter Handle

Date of Birth:

Place of Birth (Nationality):

Month/Day/Year

City/State Country

Citizenship:

U.S. Citizen

Permanent Resident

Other

Canadian Citizen

If other, please fill in

LAST CLUB/COLLEGE INFORMATION: (all information must be completed)

Club: *(List last team, club or youth club governed by FIFA regulations; NOT a college or university team)*

Last Team/Club Participated (Required) League Country

Date of Last Game Played Professional/Amateur

College: *(List current college; if not applicable, enter N/A)*

Name of College/University Division

College Eligibility? Yes No

Graduation Year If yes, current year in College (as of Fall 2016): FR SO JR SR

INSURANCE INFORMATION:

Yes, Player HAS Personal Health Insurance

Player currently has personal health insurance. Player is aware that the insurance offered by PDL team and United Soccer Leagues will act as secondary insurance.

(Insurance Provider)

(Policy #)

No, Player DOES NOT HAVE Personal Health Insurance

Player does not currently have personal health insurance. Player is aware that the insurance offered by PDL team and United Soccer Leagues is secondary insurance and may not provide full coverage for any injuries received while competing for said team.

(Initials)

Team Rep	Player



Waiver and Liability Release Form

I acknowledge that soccer or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, or property loss. I recognize that I may be asked to practice for, participate in, and travel to and from soccer events on behalf of the team and I HERE BY ASSUME THE RISK OF PARTICIPATION IN THE SOCCER EVENT.

I agree that prior to participating, I will inspect the facilities and equipment to be used and if I believe anything is unsafe, I will immediately advise the coach or supervisor of such condition(s) and refuse to participate.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

- a.) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the soccer event, THE FOLLOWING PERSONS OR ENTITIES: United Soccer Leagues (USL); the Team for which I play; the Team Owner; any sponsors obtained by the Club or USL; any Players or Coaches; any Officers, Directors, Employees, Representatives and Agents of the above.
- b.) I AGREE NOT TO SUE nor bring any type of lawsuit against any persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and
- c.) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I hereby affirm that I am eighteen (18) years of age or older and I have read this document and I understand its contents. I understand that I have given up substantial rights by signing this document and sign it voluntarily.

Player Signature

WAIVER & LIABILITY RELEASE FORM (FOR MINORS ONLY):

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS OLD. MY PARENT(S)/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If the applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Liability Release, the following, for and on behalf of the minor.)

As the parent and natural guardian or legal guardian of _____ (minor's name) I hereby the forgoing Waiver and Liability Release for and on behalf of the named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Liability Release. I represent that I have legal capacity and authority to act for and on behalf of the minor in the execution of the Waiver and Liability Release.

Parent / Guardian Name

Relationship to Minor

Parent / Guardian Signature

Date Signed

A player is not eligible to play until this registration packet (Registration, Insurance and Wavier & Liability) has been fully executed by both parties and payment has been received by the USL Office.

Team Representative:

Print Name

Signature

Date

Player:

Print Name

Signature

Date

USL Registrar:

Print Name

Signature

Date