



## vUSYF PLAYER REGISTRATION FORM

### 2018-19 Insurance Payment, Medical & Media Waiver



**TO THE TEAM MANAGER - THIS FORM SHOULD ONLY BE USED IF THE PLAYERS OF AND ENTIRE TEAMS DOES NOT HAVE ACCESS TO INTERNET OR CREDIT/DEBIT CARD.** The method that should be used is the standard USYF method of registering players. This is a one-time accommodation to our standard method of registering players. Managers should complete the first five columns of the chart below and have each parent sign on the line next to their child's information. Once form is completed, the manager of the team must retrieve their copy of the Player Registration e-mail received when the player was placed on the team's roster. The manager must click on the link in the e-mail for each of the players and then pay for each player, individually, by credit/debit card. (Sample attached). There is not an option to pay for all the players on the team in one payment or any other method of payment than credit/debit card.

**Medical Waiver** I, the parent/guardian of the above named Registrant, in consideration of accepting the Registrant for their Futsal programs and activities (collectively the "Programs") and recognizing the risk of potentially significant physical injury occurring by participation in the Programs, including permanent disability or death, for myself and Registrant, do knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for the Registrants participation in the Programs. Further, I, for myself and Registrant, and on behalf of our respective heirs, assigns, personal representatives and next of kin, do hereby release, indemnify and hold harmless United State Youth Futsal, its affiliated organizations and sponsors, and each of their employees, volunteers, agents, other participants, hosts, sponsors, advertisers, and the owners of the premises upon which the Programs are held (collectively, the "Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to Registrants participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize, and whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law. I hereby warrant and represent that the Registrant has received a physical examination by a physician and has been found physically capable of participating in the Programs with no reservations or restrictions. I, for myself and registrant, do hereby consent to have a doctor of medicine or dentistry, a licensed nurse or emergency technician provide Registrant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY

**Media Waiver** I, the parent/guardian of the above named Registrant, in consideration for accepting the Registrant for their Futsal programs and activities (collectively the "Programs") hereby grants United States Youth Futsal to the unrestricted right and permission, free from approval, review or cost, to photograph, record or otherwise capture the Registrants likeness in all media, now or hereafter known, including, but not limited to pictures and video, to copyright the same in its own name, and which may be included in whole or in part for any commercial or promotional use of at its discretion.

**To The Parent/Guardian -\*By authorizing the form, you agree to the waivers and grant permission to allow the manager of the team to complete the electronic USYF player registration. Your team/association is paying for this registration on your behalf. The team/association is either paying for the player registration or will collect it from you at a later date. Your manager will inform you. Players who are not registered will not be allowed to participate in the USFY event.**

	Player last name	Player first name	Player DOB	Parent last name	Parent first name	Parent / Guardian signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Team Name \_\_\_\_\_ Team Age Bracket, U-\_\_\_\_\_ Team Manager Name \_\_\_\_\_

Team Manager Email \_\_\_\_\_ Team Manager Phone Number \_\_\_\_\_

**For assistance call Luis Orellana: 239-200-5333**