

9 H W U D Y G
 : R R G D G L

SCFA Player Registration Form

PLEASE TYPE OR PRINT LEGIBLY

Paid: _____ Check No. _____

Last Name	First	MI	Birth Date
Street Address			
City			
Phone (Home)			



1. All participants (parent/guardian) must complete the registration form.
2. All participants must provide a valid driver's license or age verification.
3. All players who are under 18 must have their parent/guardian receive your player registration form.
4. Make checks payable to SCFA.
5. Submit the registration form to the SCFA office.

information on
 read it carefully.
 our Drivers
 application or

In consideration of the activities, which I have

1. Acknowledges the risk of injury, and that I understand the risks of participation in this activity.
2. Agrees that, prior to participation, I have read and understood the SCFA rules, regulations, and conditions of participation, and I agree to abide by them.
3. Acknowledges that I understand the risks of injury, including permanent or long-term injury, and that I understand that there may be other consequences of participation in this activity.
4. The undersigned hereby releases, defends, and holds the SCFA soccer field, its employees, agents, and officers harmless from any and all claims, damages, and expenses, including reasonable attorneys' fees, resulting from my participation in this activity.
5. The undersigned hereby releases, defends, and holds the SCFA soccer field, its employees, agents, and officers harmless from any and all claims, damages, and expenses, including reasonable attorneys' fees, resulting from my participation in this activity.
6. The undersigned hereby releases, defends, and holds the SCFA soccer field, its employees, agents, and officers harmless from any and all claims, damages, and expenses, including reasonable attorneys' fees, resulting from my participation in this activity.

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 is, officers and
 assigns, heirs,
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 SCFA activity or
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I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the Southern California Futbol Association (SCFA) or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations; statements or inducements have been made.

Signature	Print Name	Date
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