

SWOK Futsal League 2019-2020 Individual Player Registration Form

This application must be completed legibly, **only by the applicant**

and/or his/her parent/guardian, with accurate personal information that pertains to the applicant.

MEMBERSHIP APPLICATION

LEGAL FIRST NAME: _____ MI: _____ LEGAL LAST NAME: _____

Check box if name has changed in the past year. If yes, please provide previous name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____

GENDER: Male Female E-MAIL: _____

JUNIORS ONLY:

GRADE _____ (School Year)

HIGH SCHOOL GRAD YEAR _____

SCHOOL NAME: _____

HOME PHONE: _____

CELL PHONE: _____

\$440 Youth Team (minimum of 6 players - maximum of 9 players per team)

\$460 Adult Team (minimum of 6 players - maximum of 9 players per team)

All players must have individual AAU player insurance! \$14 for Youth / \$24 for Adults.

Membership Options (Annual fees per person)

Full Membership Adult Junior

Cash: _____

Register at the address below and use club code: WYBCDA

Check: _____

<https://play.aausports.org/joinaau/multimembershipapplication>

Online: _____

Optional \$5 Donation to SWOK Team Programs.

Participant Role(s)

(Check all that apply – Depending on selection, additional requirements may apply)

Player Head Coach Assistant Coach Team Rep Chaperone Official Other

ACKNOWLEDGEMENT/USE AGREEMENT

- I agree that I will abide by the rules and guidelines regarding club affiliation as established by AMF in which I am applying for membership.
- I hereby agree to be filmed, videotaped and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any media,
- I hereby grant SWOK Futsal and the USA Futsal Federation full right and license to use, and to authorize third parties to use, in all media, the Footage for: (1) news and information purposes, (2) promotion of the specific competition(s) in which I compete, (3) promotion of the Sport,

I hereby certify that the information provided is being done directly by myself or by me, as the legal guardian representing a minor, and that it is true and accurate to the best of my knowledge. I also understand and agree that incomplete or false information is grounds for denial of membership.

Participant's Signature (regard less of age): _____ Date signed: _____

If applicant is under 18 years of age
Parent/Guardian's Name _____ Parent/Guardian E-Mail: _____

Parent/Guardian's Signature: _____ Date signed: _____

WAIVER AND RELEASE OF LIABILITY

I acknowledge that futsal or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a futsal event can cause potential death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A FUTSALEVENT.**

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, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in any futsal event, **THE FOLLOWING PERSONS OR ENTITIES:** SWOK and its Regional Futsal Associations, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I INDEMNIFY & Hold Harmless** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

Participant's Signature (regardless of age): _____ Date signed: _____

SIGNATURE REQUIRED