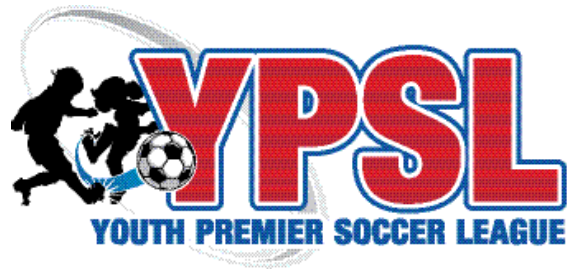




**AC DIABLOS  
2008 YPSL  
REGISTRATION  
FORM**



**PLAYER INFORMATION (Please Print Clearly):**

Last Name:	First Name:
Date of Birth (MM/DD/YY):	Gender (Circle One): M F
Age Group Applying For (Circle One): U12 U14 U16	
Street Address:	
City, State, Zip Code:	
Home Phone:	Cell Phone:
E-mail:	

**PARENT/GUARDIAN INFORMATION:**

Last Name:	First Name:
Cell Phone:	Relationship to Player (Circle One): Par. Guar.
E-mail:	
Check here if information requested below is same as player: <input type="checkbox"/> If so, skip next section.	
Street Address:	
City, State, Zip Code:	

*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**AC DIABLOS USE ONLY:**

Received By:	Date Received:
Comments:	

# AC DIABLOS SOCCER ACADEMY

## RELEASE OF LIABILITY

The undersigned parent or legal guardian of (print full name) \_\_\_\_\_, the "Registrant," recognizes that soccer is a vigorous contact sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage.

The undersigned parent or legal guardian of the Registrant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer including, but not limited to: head injuries suffered by players impacting each other, goalposts or the ground; players getting hit by motor vehicles in parking lots or roads near fields; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players.

The undersigned further acknowledge and understand that travel to and from games, practices, and tournaments by motor vehicle or other means of transportation may be necessary and that such travel carries with it inherent risks of injury.

With full knowledge of the above-referenced risks, and in consideration for USClub Soccer ("USClub") the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify the AC Diablos Youth Soccer Academy, USClub Soccer, and their respective coaches and staff, directors and officers, and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant and his or her parents or legal guardians.

If you have any questions regarding any of the provisions of this Release, or otherwise wish to discuss or negotiate about any of the provisions of this Release, please contact Matt Driver, AC Diablos Youth Soccer Academy President. Please note that the Registrant shall not be permitted to participate in any AC Diablos Youth Soccer Academy sponsored program or game unless and until this form is signed and returned to an authorized AC Diablos Youth Soccer Academy representative or other satisfactory arrangements are made with regard to the subject matter of this Release in writing and signed by both you and AC Diablos Youth Soccer Academy President.

**This Release shall remain in effect from the date it is signed below through the conclusion of any AC Diablos Youth Soccer Academy trial for the 2007-08 season and shall be interpreted under New Jersey law.**

Date: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

Print Name of Signator: \_\_\_\_\_