

US Youth Soccer Player Membership Form

OHIO YOUTH SOCCER ASSOCIATION NORTH

League Name: _____ Age Group: _____ Male/Female: _____

Club/Team Name: _____ Player ID #: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Area Code/Tel. Number: _____

Email: _____ Birth Date: _____

Cell Phone: _____ Mother's Month & Day of Birth: _____ (Required)

Father's Name: _____ Mother's Name: _____
(First Name; Include Last Name if Different from Player) (First Name; Include Last Name if different from Player)

Last Club Team Played On: _____ Primary or Secondary Team: _____

WAIVER OF LIABILITY:

By checking one of the boxes below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, US Youth Soccer, the Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information in contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

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Parent/Guardian Signature: _____ Date: _____

Columbia Soccer Association COVID - 19 Rules and Regulations

Columbia Soccer Association (CSA) will be following Ohio North, state, and CDC recommended guidelines and adjusting as needed.

In order to participate in any CSA activities during the COVID-19 pandemic **PLAYERS, COACHES, AND SPECTATORS** must agree to the following:

- Players, coaches, and spectators will not attend if they exhibit any COVID-19 symptoms or are in quarantine.
- Players, coaches, and spectators will wear a mask covering mouth and nose at ALL times (players excluded during practices and games)
- Players, coaches, and spectators will maintain 6 ft of social distance at ALL times (players excluded during practices and games)
- No high-fives or contact with players or coaches during this time
- No sharing of water bottles, soccer balls or other equipment
- No sharing of snacks during games and practices
- Limit the amount of spectators to immediate family members

-----COLUMBIA SOCCER ASSOCIATION COVID-19 WAVIER-----

By electronically signing this document, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation terms described above and assume the risk that my child and I may be exposed to or infected by COVID-19 by attending any Columbia Soccer Association (hereafter referred to as the "CSA") activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CSA activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CSA board, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance at CSA or participation in CSA activities ("Claims"). On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless CSA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of CSA, its employees, board, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CSA activity. Please sign electronically below.

Parent/Guardian Signature

Date