

RHODE ISLAND WOMEN'S SOCCER LEAGUE

Affiliate of the Rhode Island Soccer Association, Inc. and U.S. Soccer Federation

2011-2012 Adult Player Registration Form

(Please insure form is **COMPLETE** and **LEGIBLE**)

Team Name: _____ Team Last Played For: _____

Last Name: _____ First Name: _____ MI: _____

Street: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Birth Date: _____ Email: _____

Registration Type Last Year Played/Coached/Managed: _____ RISA ID#: _____
If returning please indicate photo preference

<input type="checkbox"/>	Player
<input type="checkbox"/>	Coach
<input type="checkbox"/>	Manager

<input type="checkbox"/>	Returning
<input type="checkbox"/>	New
<input type="checkbox"/>	Transfer

<input type="checkbox"/>	Reuse Old Photo
<input type="checkbox"/>	Use New Photo (included)

I currently PLAY DO NOT PLAY at the NCAA Division I, II, or III level.

If NCAA current player - College: _____

This Amateur Player Registration Form is used as an "A" Form. I acknowledge that soccer **IS A CONTACT SPORT** involving risk of serious injury, disability or death. Not all risks are foreseeable. In consideration of being allowed to participate, I agree to release, waive, and covenant not to sue the United States Soccer Federation, the United States Adult Soccer Association, the Rhode Island Soccer Association, or the Rhode Island Women's Soccer League on account of injury, death, or property damage alleged to be caused in whole or in part by affiliates' actions or omissions.

I understand that the RISA and the RIWSL player registration fee includes payment of an insurance premium for medical health coverage, which when combined with my primary medical insurance, will act within its limitations of coverage or applicable deductibles as secondary coverage for any injuries. In the event that I do not have any primary health coverage, then this policy will act as my primary policy.

Player's Signature: _____ Date: _____

Team Representative: _____ Date: _____

Check #: _____

Date received by RIWSL: _____

RIWSL Registrar: _____

Date to RISA Registrar: _____

RIWSL Check #: _____