



PLAZA SPORTS CENTER
FORMA DE REGISTRACION/REGISTRATION FORM

TEMPORADA/SEASON: _____

CATEGORIA/CATEGORY: _____

EQUIPO/TEAM: _____

REPRESENTANTE/REPRESENTATIVE: _____ ID# _____

ADDRESS/ DIRECCION: _____

CITY/ CUIDAD: _____

TELEFONO/PHONE NUMBER: _____ Phone Company _____

EMAIL: _____

REFERRED BY: PHONE _____ FLYER _____ FRIEND _____ ADVERTISING _____ OTHER _____

FIRMA DE REPRESENTANTE/SIGNATURE: _____

I HAVE RECEIVED GAME RULES AND WAIVERS: _____

HE RECIBIDO LAS REGLAS DE JUEGO Y/O RESPONSIVAS: _____

*ESTOY DE ACUERDO QUE SI NO CUMPLO CON EL PAGO COMPLETO DE LA CUOTA DE REGISTRACION PARA EL 4TO JUEGO, NO SE ROLARAN MAS JUEGOS PARA MI EQUIPO _____

ESTOY DE ACUERDO QUE SI FALTO A UNO DE LOS JUEGOS PROGRAMADOS, ESE JUEGO SE PIERDE POR DEFAULT Y SE DEBE PAGAR EL ARBITRAJE CORRESPONDIENTE (\$30) EN EL SIGUIENTE JUEGO. 2 JUEGOS PERDIDOS POR DEFAULT ES SALIDA AUTOMATICA DE LA LIGA. _____

*I AGREE THAT IF I DO NOT COMPLY WITH FULL PAYMENT ORF REGISTRATION FEE ON THE 4th GAME, NO MORE GAMES FOR MY TEAM WILL BE SCHEDULED IN THE SEASON _____

*I AGREE THAT IF LACKING ONE OF THE SCHEDULED GAMES, THAT GAME IS LOST BY DEFAULT AND MY TEAM WILL HAVE TO PAY THE REFEREE FEE (\$30) IN THE NEXT GAME. WITH 2 GAMES LOST BY DEFAULT, MY TEAM IS AUTOMATICALLY OUT OF THE LEAGUE. _____

FOR OFFICE USE ONLY:

DATE: _____

RECEIPT NUMBER: _____

AMOUNT PAID: _____

WAIVER AND MEDICAL RELEASE

I, as a parent/guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is enrolled in PLAZA SPORTS CENTER.

In consideration of the acceptance of my child/ward, our heirs, executors, administrators and personal representatives, discharge, waive and release PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities in which injury or death, which my child/ward or I may have by virtue of or arising in connection with his/her participation in the Soccer events, or any other sport or activities he/she plays in that facilities. By executing this document I hereby assume, on behalf of my child/ward, all risk of injury or loss to which he/she may be exposed as well as supervising his/her well being. I release PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities from the responsibility of supervising my child's presence in the facility as well as any possible kidnap, disappearance or escape.

I hereby consent for E-mail blast & Text messages to be sent for upcoming events and memos. Photograph or likeness of my child/ward to be taken and used without compensation to my child/ward or to me. I understand the picture and any other information provided to the facility will not be sold for any purpose, and may be used to publicize at PLAZA SPORTS CENTER event or any activities of the TOROS SOCCER ACADEMY. I am aware that it may be used in a brochure, newspaper, be placed on the Internet and/or on the PLAZA SPORTS CENTER website, or may be placed in PLAZA SPORTS CENTER newsletter.

I, parent/legal guardian of the registrant, a minor, agree that I the registrant will abide by the rules of PLAZA SPORTS CENTER and the USSF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the soccer I hereby release, discharge and/or otherwise, indemnify PLAZA SPORTS CENTER and the USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized by PLAZA SPORTS CENTER. Against claim by or on behalf of the registrant as a result of the registrants participation in PLAZA SPORTS CENTER and/or being transported to or from same, which transportation I hereby authorize.

I acknowledge that I have read and fully understand this Waiver and Medical Release.

Name of Player

Signature of Parent or Guardian.

Date _____

Relation to player: