



PLAZA SPORTS CENTER  
FORMA DE REGISTRACION/REGISTRATION FORM

TEMPORADA/SEASON: \_\_\_\_\_

CATEGORIA/CATEGORY: \_\_\_\_\_

EQUIPO/TEAM: \_\_\_\_\_

REPRESENTANTE/REPRESENTATIVE: \_\_\_\_\_ ID# \_\_\_\_\_

ADDRESS/ DIRECCION: \_\_\_\_\_

CITY/ CIUDAD: \_\_\_\_\_

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 4<sup>th</sup> 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 RELEASE FORM FOR LIABILITY  
(PLAYERS AND COACHES)

I acknowledge that soccer and other activities at PLAZA SPORTS CENTER are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, or property loss. I agree that I am registering in these activities at my own will and will not hold PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities responsible if any of these events shall arise. By executing this document I hereby assume all risk of injury or loss to which I may be exposed as well as my overall well being. I release PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities from any events arising from negligence of the company and/or its staff, the responsibility of supervising my presence in the facility as well as any possible kidnap, disappearance or thefts of personal items.

I hereby consent for my photograph or likeness to be taken and used without compensation to my family 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 complex. 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 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.

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

\_\_\_\_\_  
Name of Player (Please print)

\_\_\_\_\_  
Signature of Player

Date \_\_\_\_\_