



ORANGE COUNTY WOMEN'S SOCCER LEAGUE
Registration / Waiver Form Fall 2007

Instructions for registration:

1. ALL players must submit a signed release waiver.
2. Any new player or player transferring teams must submit a legible photocopy of her Driver's License, used to generate a player ID card.
3. **Fall registration deadline is August 1, 2007. All players must submit \$85.00 registration fees to their team representative. One team check must be submitted with the Team Roster by this date. Any additional players registering after August 1, 2007 may submit an individual \$85.00 check made out to OCWSL to the appropriate address below.**
 - Fall registration fees for all players are reduced to \$55.00 on October 28, 2007.
 - No registration accepted after December 2, 2007.
4. The team check must be made payable to OCWSL. Write your team name on your check.
5. Mail the OCWSL player registration form, team check, and photocopy of Driver's Licenses for new players to:

18 and over Division

Renate Schmidt, OCWSL Registrar
 63 Montara Drive
 Aliso Viejo, CA 92656
 949-235-9976

30s and 40s Division

Frances Priest, OCWSL Registrar
 12772 Adams Street
 Garden Grove, CA 92845
 714-315-1662

NOTE: REFUNDS ARE PRO-RATED BASED ON RECEIPT OF RESIGNATION FORMS. NO REFUNDS AFTER OCTOBER 14TH.

Team Name _____	Division _____	<input type="checkbox"/> Returning Player	<input type="checkbox"/> New Player
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I have elected to participate in the Orange County Women's Soccer League (OCWSL), and I acknowledge that participation in the sport of soccer involves risk of injury. Therefore, I release OCWSL and any City in which I participate in a game sanctioned by OCWSL or any affiliate association involved in OCWSL activities from all liability or responsibility from an injury I may sustain while participating in this league.

In consideration for being allowed to participate, in any way, in OCWSL and related events and activities, the undersigned:

1. Agrees that prior to participating, she will inspect the facilities and equipment to be used, and if she believes anything to be unsafe, she will immediately advise her coach or representative of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that by participating she will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from her own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability, or death.
4. Releases, waives, discharges, and covenants not to sue OCWSL, its affiliates, their respective administrators, directors, agents, coaches, and any other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are herein after referred to as "releasees" from demands, losses, or damages on account of the injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. Understands that while OCWSL does maintain liability insurance, this insurance does not include insurance for bodily injury, liability for loss or damage to personal possessions, but that such insurance is the responsibility of said player.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASES, AND UNDERSTANDS SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY. THE PLAYER FURTHER AGREES BY SIGNING THIS WAIVER TO ABIDE TO THE CURRENT OCWSL BYLAWS, AND STANDING RULES.

Signature _____ Date _____

First Name _____ Last Name _____ Birth Date _____

Address _____ City _____ Zip _____

Home Phone _____ Occupation _____

Email _____

Official Use only Name on check:	Amount:	Check number:	Date:
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