



Team Name: \_\_\_\_\_

	Player Name (PRINT)	Player Signature	Pass #	Date of Birth		
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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 Amateur 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 as secondary coverage for any insurance, will act 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.

Team Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_