



# PISA Player Registration/Waiver

**Player Name:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

MALE or  FEMALE      Birth date: \_\_\_\_/\_\_\_\_/ 20\_\_\_\_:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(FIRST) (LAST)

Email address: \_\_\_\_\_

2<sup>nd</sup> Email address: \_\_\_\_\_

Cell Phone #1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone #2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Waiver of Liability:**

We/ I, as the parent/legal guardian of the player named above, do hereby declare our intent to allow this child to practice, play, and participate in all programs and activities associated with the Pleasure Island Soccer Association. We/ I hereby release and hold harmless from any and all liability; Pleasure Island Soccer Association, its coaches, sponsors, associated board members and personnel, officials, or any others associated with this organization against any claim by or on behalf of the player’s participation in this program, including any actual or suspected exposure or illness attributed to COVID-19.

**Medical Consent Release:**

We/ I do hereby authorize Pleasure Island Soccer Association or any representatives including coaches, officials, or anyone associated with this organization, if after reasonable attempt has been made to reach the designated parent/guardian named above to consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care, to be rendered to the player under the general or special supervision and on the advice of any physician, dentist or surgeon duly licensed to practice, be indeed rendered to the Registrant.

Parent/Guardian: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
(Full Name) (Signature) (Date)

