



ID #: \_\_\_\_\_  
For Office Use Only

# Chatsworth Arena Soccer League

## PLAYER REGISTRATION

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

Leagues:  Men's Open  Premier  Over 30  Over 40  Co-Ed  
 Women's Open  Over 30  Over 40  Co-Ed  Beginners  
 Youth Boys  Youth Girls  Co-Ed

Skill Level:  Beginner  Intermediate  Advanced

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

List any health concerns or restrictions: \_\_\_\_\_

I state that the above information is true and correct. I have read, understand and agree to abide with all of the rules set forth by CASL.

\_\_\_\_\_  
Signature of Participant (MUST BE OVER 18)

\_\_\_\_\_  
Date

**9000 Independence Ave. Chatsworth CA 91311**

**818-998-0123**

# PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

1. I understand that Chatsworth Arena Soccer League has agreed to allow me to use its services, equipment and facilities including agreeing to receive email announcements about new products, services, updates, and schedules, on the condition that I sign this Participant Agreement, Release and Acknowledgement of Risk and I agree to be bound by its terms.
2. In consideration of the services of Chatsworth Arena Soccer League. and by signing this Agreement below, I agree to WAIVE any claims for and RELEASE and forever discharge Chatsworth Arena Soccer League, its subsidiaries, agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "**CASL**") from any and all claims, demands, or causes of action, which are in any way connected to my participation in this activity or my use of CASL services, equipment, or facilities, including any such claims which allege negligent acts or omissions of CASL I further agree to defend, indemnify and hold harmless CASL for and from any such claim.
3. I understand and acknowledge that soccer involves known and unanticipated risk that could result in physical or emotional injury, paralysis, death, and damage to the named player, to property, or to third parties. I understand that such risk simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things, broken bones, sprains, strains, and other soft tissue injuries, bruises, abrasions, lacerations, dental injuries, concussions, spinal cord injuries, and death. Furthermore, I understand and acknowledge that **CASL** coaches and referees have difficult jobs to perform and they seek to insure the safety of all participants, but they are not infallible. I expressly agree and promise to accept and assume all of the risk existing in any activity involving the services, equipment or facilities of **CASL** My participation in any activity is purely voluntary, and I elect to participate in spite of the risk.
4. I understand that wearing safety equipment can reduce the risk of injuries and agree to wear safety equipment provided by **CASL** or to provide my own safety equipment in the event that safety equipment is not provided by **CASL** It is my sole responsibility to insure that appropriate safety equipment is properly used when participating in any activities using CASL services of facilities. I understand that I am solely responsible for my personal health and safety and my personal property.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume - and bear the cost of - all risk that may be created, directly or indirectly, by any such condition.
6. Should **CASL** or anyone acting on their behalf be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and cost.
7. I understand and agree that this Participant Agreement, Release and Acknowledgement of Risk is intended to be as broad and inclusive as permitted by the laws of the State of California, and that if any portion of it is held invalid, I agree that the remaining terms shall continue to be in full force and effect.
8. I understand the CASL is diligent in keeping the facility safe for everyone and will notify the office immediately of any hazards that could potentially cause injury.
9. I understand that this Participant Agreement, Release and Acknowledgement of Risk is an important legal document and declare that I have read and considered it carefully. I fully understand its terms and agree that no oral representations, statements or other inducements to sign have been made apart from what is written on this form. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in any activity involving services provided by **CASL** or **CASL's** equipment or facilities, I may be found by a court of law to have waived my right to maintain a lawsuit against CASL on the basis of any claim that I have released by signing this Agreement.

**I have read, understand and agree with all of the terms and conditions of this release stated above.**

---

Signature of Participant (MUST BE OVER 18)

---

Date

## **PARENT OR GUARDIAN ADDITIONAL RELEASE AND INDEMNIFICATION**

**I have read, understand and agree with all of the terms and conditions of this release and am authorized to permit the minor registered on the front side to participate in CASL activities. I understand that all of the above terms & conditions apply and agree to release CASL of any risk or liability in the event the minor is injured.**

---

Signature of Parent/Guardian

---

Date