



BATON ROUGE SOCCER CLUB

2017-2018 BRSC Middle School Individual Player Registration Form

A. Player Information: (Please Print Clearly.)

Name: _____ Sex: M F Birthday: _____

Address: _____ City _____ Zip _____ Phone: _____

School: _____ Grade _____

Name of team: _____

(If you played with a club in fall of 2017)

What level was your team: C1 C2 C3 C4 C5 Recreational Other

What was your team name: _____

B. Parent Information:

Parent: _____ Phone: _____ Email: _____

Parent: _____ Phone: _____ Email: _____

C. Payment Information:

Has the player played with an LSA affiliated club since the fall of 2017?

Yes: \$0.00

No: \$10.00

D. Waiver: I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of this Association (BRSA), the Louisiana Soccer Association (LSA), the United States Soccer Federation (USSF) and their affiliated organizations. Recognizing the possibility of physical injury associated with soccer, and in consideration of the registrant being accepted as a participant in the BRSA soccer program, I hereby, agree to indemnify BRSA, LSA, and the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the programs, for actions taken by the registrant; and hold harmless BRSA, LSA, the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the program, from any and all liability of every nature, kind and description as a result of injury, hurt, or damage sustained by the registrant as a result of his/her participation in the BRSA soccer program and/or being transported to or from the same.

PARENT/GUARDIAN (Signature) _____ DATE _____

Release Form

By signing this release form, I authorize the Baton Rouge Soccer Association (BRSA) to use the following personal information:

- (1) My picture – including photographic, motion picture, and electronic (video) images.
- (2) My voice – including sound and video recordings

I hereby grant to BRSA, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

PARENT/GUARDIAN (Signature: _____ DATE: _____