

Southern Union Soccer League

Player Registration Form

Team: _____

Player: _____ (attach picture here)

Player ID# _____ Date: _____

Submit this form with two (2) pictures (passport size), proof of identity (picture ID), and \$5.00 to **Soccer Action USA**.

This form must be submitted before **Thursday at 7pm** if the player is to play that Sunday.

Name: _____ Phone: (____) _____
Last First

Address: _____ Date Of Birth: _____
Street Apt#

_____ ID#: _____
City State Zip Driver's Lic., SS#, Passport, ect...

I am aware that Southern Union Soccer League (SUSL) **DOES NOT** provide medical insurance to players in this league for injuries sustained at anytime, including during the course of play.

*Estoy informado que la liga Southern Union Soccer League (SUSL) **NO PROVEE** seguro medico a los jugadores de la liga por heridas adquiridas a cualquier hora, incluyendo durante los partidos.*

YES

NO

Initials: _____

By signing below, I agree and understand that neither Elings Park Foundation, Southern Union Soccer League, nor their representatives or officers (BOD), carries medical insurance covering injuries to players, and that obtaining such insurance is the responsibility of the individual player. I agree that the costs of medical care required for injuries sustained during the course of play are NOT the responsibility of the Elings Park Foundation, Southern Union Soccer League (SUSL), or their representatives and officers.

Mi firma indica que estoy de acuerdo y entiendo que ninguno de los siguientes...Elings Park Foundation, Southern Union Soccer League (SUSL), sus representantes o oficiales mantienen seguro medico para cubrir heridas de los jugadores y es la responsabilidad de cada jugador para obtener su propio seguro medico. Estoy de acuerdo que el costo de tratamiento medico requerido para heridas obtenidas durante los partidos no es la responsabilidad de Elings Park Foundation, Southern Union Soccer League (SUSL), o sus representantes o oficiales.

I also agree to abide by the rules of the Southern Union Soccer League as they exist and as they may change from time to time. I agree that all decision made by the Board of Directors (BOD) will be supported and enforced by ALL members of the league. Meeting of the SUSL B.O.D. are open to all league members with a current players ID card.

Ademas, seguire las reglas de Southern Union Soccer League (SUSL) como estan escritas y como pueden cambiar en el futuro. Estoy de acuerdo que todas las decisiones tomadas por la Junta Directiva de SUSL seran apoyadas y respetadas por todos los miembros de la liga. Cada miembro de la liga con carta de jugador puede presentarse a las juntas de la Junta Directiva de SUSL.

I declare that the above statements are true and correct and agree to the terms and conditions as stated.

Estoy de acuerdo que la declaracion arriba es verdadera y correcta y acepto las condiciones del contrato como estan escritas.

Signature: _____

(Firma)

Date: _____

(Fecha)

Witness: _____

Date: _____