



STARS UNITED 2011/12 FAMILY COMMITMENT-CONTRACT



Circle one: U9 U10 U11 U12 U13 U14 U15 U16 U17 U18

Circle one: Boys Girls

Player Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Family e-mail address _____

Mother's Name _____ Mother's e-mail address _____

Mother (Cell) Phone Number _____ Work Phone Number _____

Father's Name _____ Father's e-mail address _____

Father (Cell) Phone Number _____ Work Phone Number _____

Player: **Last 6 digits** from SS# _____
(We will add the number 5 to the beginning of the 6 digits to become players PA West Player ID #)

PARENT/GUARDIAN WARRANTS & CONSENTS: Notice of Release of STARS UNITED

I (We) agree:

- All players are committing to Stars United for one year with their respective team from 8/1/2011 thru 7/31/2012.
- All Stars United teams/players will be registered thru PA West Soccer and USYSA and with US Club Soccer.
- All players are expected to attend all team sessions including: training, league games and tournaments.
- All U12 players and above are expected to be available for play in the State Cup in May/June 2012 and the end of June/early July if the team should advance to the Region I Championships.

I am (We are) the parent(s)/guardian(s) of the named minor child/player (PLAYER) listed on this form. In consideration for the PLAYER to be a participant in the try-out process with the Stars United (SU) soccer program (PROGRAM). I (We) have read and fully understand the following:

- a. The sponsored activity, soccer, is an active contact sport that entails certain athletic risks and hazards that can cause injuries to PLAYER.
- b. No physical examination to determine the general health and well-being of the PLAYER has been requested by SU. Any such examination is the sole responsibility of the parent(s)/guardian(s).
- c. SU does NOT insure PLAYER under any accident, medical, or liability insurance program and has no responsibility to do so.

I (We) agree:

- a. The player is authorized to fully participate in all activities of the PROGRAM, including but not limited to practices, games, and associated travel.
- b. The PLAYER has no known previous or existing injuries physical or mental condition or incapacities that would increase the normal risk and hazards incidental to participation in the PROGRAM and hereby release SU and any of its authorized personnel from any damages arising out of injuries incurred by the PLAYER.
- c. To assume all risks and hazards incidental to PLAYER participation in the program and hereby release SU and any of its authorized personnel from any damages arising out of injuries incurred by the PLAYER.
- d. Any insurance provided by or for the parent(s)/guardian(s) shall be considered primary to the full amount of that insurance coverage to the extent any injury sustained by the PLAYER is covered by such insurance and, in the event SU provides such insurance, it shall be secondary to the full amount of the insurance provided by or for the parent(s)/guardian(s).

By signing below,

I (We) give my (our) consent for SU authorized representatives (e.g. coaches) for emergency medical treatment for the above PLAYER in the event of my (our) absence at the time of injury.

I have read and agree to the "Notice of Release" as stated on this form and hereby warrant information on this registration is accurate and factual.

Signature

(Required): _____ **Date:** _____