

Kingston Area Soccer League (KASL)

Amateur Player Registration/Re-Registration Form – (Over 30 and Under 30 Men’s Leagues) at Tech City properties ,Kingston NY

I hereby apply to register or re-register as an amateur soccer player with the **Kingston Area Soccer League (KASL)**

I understand that the KASL, will have rules that are applicable to me as a soccer player registered with KASL. I agree to abide by all of these rules.

I agree that the player pass issued to me by KASL is the property of KASL and I will surrender my player pass on demand by the KASL. In consideration of being permitted to participate in any way in KASL, I, for myself, my personal representatives, assigns, heirs and next of kin: agree to the following>>

Acknowledge, agree and represent that I understand the nature of soccer activities and that I am qualified, in good health and in proper physical condition to participate in soccer activities; I further agree that if at any time I believe conditions or equipment to be unsafe, I will immediately discontinue further participation in such activity.

Fully understand that (a) soccer activities involve risks and dangers of seriously bodily injury, including permanent disability, paralysis and death; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes or the negligence of the “Releases” named below; and (c) there may be other risks and social and economic losses either not known by me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in soccer activities.

Hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or in part, by the negligence of the “Releases” named below.

Hereby release, discharge and covenant not to sue KASL and Tech-City Properties, and its respective administrators, directors, agents, officers, volunteers and employees, other participants, officials, any sponsors or advertisers and, if applicable, owners and lessors of the premises on which the soccer activities take place (each of the proceeding being considered one of the “Releases”) from all liability, claims, demands, losses or damages on my account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations; and I further agree that if, despite my agreement, I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expense, attorney fees, loss, liability, damage or cost which any Releases may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. THERE IS A ZERO TOLERANCE POLICY FOR FIGHTING OR OTHER DISRUPTIVE BEHAVIOUR WITH IMMEDIATE SUSPENSION FROM THE LEAGUE.

I certify that I have read this waiver and by signing below I acknowledge that I agree to the terms, wish to register/re-register with KASL, and am 16 or more YEARS OF AGE.

He leído y comprender lo que yo estoy firmando y se ha explicado a mi.

KASL LIABILITY WAIVER FORM . PLEASE READ BEFORE SIGNING TEAM ROSTER .
PLAYER FEES FOR A MAXIMUM ROSTER OF 12 PLAYERS IS \$ 128.00 PER PLAYER.

Make check payable to: KASL

NO ROSTER CHANGE AFTER THE THIRD WEEK OF THE SEASON. STARTS JAN 2020

REFEREES EVERY WEEK. NO PASS NO PLAY

OVER 30 LEAGUE (CAN have **NO PLAYER UNDER 30 YEARS OF AGE)**

12 WEEK SEASON WITH GAMES ON SUNDAY EVENINGS STARTING AT 4:30PM

ONE HOUR GAMES. 5 v 5 INCLUDING A GOALIE.

Name _____

(Under 16 years old Parent Must Sign)

Address _____

Phone # _____ Cell# _____

E-Mail _____

DOB _____

Signature _____ TEAM NAME:

Passport size picture can be e-mailed to iavlam@aol.com Picture needed for pass.

