



## Oxnard Veterans Soccer League *Registration Form*

Name: \_\_\_\_\_  
Apellido/Last Name                      Nombre/First                      Middle Initial                      Ege                      Birt date

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

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

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

Team: \_\_\_\_\_ Division \_\_\_\_\_

Attach participant  
photo here.

I further understand that serious injuries occasionally occur during the activity and participants in the activity occasionally sustain mortal or serious injuries and/or property damage, as a consequence there of knowing the risk of the activity never the less, and behalf of the minor. Thereby to assume those risk and to release and hold harmless all of these persons/or entities mentioned above who, through negligence or carelessness. Might otherwise be liable to me, my heir or assign for damage.

I futher understand and agree that this wavier, release and assumption of risk to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of the **OVSL**.

\_\_\_\_\_  
*SIGNATURE OF PLAYER*

\_\_\_\_\_  
*DATE*