



USVI Soccer Association Grassroots Program
Registration Form



The USVI Soccer Association (USVISA) is recognized by the world's governing body of soccer, FIFA. USVISA is recognized as the ruling body for the development and promotion of soccer within our territory. Our Grassroots program is a program for young children to learn about and explore soccer. USVISA will offer young children the opportunity to learn about and play the game of soccer both locally and internationally. USVISA is providing this clinic on Saturday mornings for all youths wanting to participate. The practice sessions will be held at **23-1 Upper Bethlehem (Fenced land next to Aureo Diaz housing community) from 9:00am to 12:00pm.** Please pick up your children by 12pm. We are looking forward to working with you!

Child's Name: _____

Child's Date of Birth: _____ Child's Current Age _____

Child's Size (circle one): Youth Small --- Youth Medium --- Youth Large---Adult Small

School Attending: _____

Parent/Guardian Name: _____

Telephone Number: _____ Email Address: _____

Home address: _____

Mailing Address: _____

Special Notes:

Please indicate if your child has a special diet and/or any medical conditions.

Diet: _____

Medical: _____

RELEASE WAIVER

I THE UNDERSIGNED IS A PARENT OR LEGAL GUARDIAN OF

_____ **(CHILD'S NAME)** AND HEREBY CONSENT TO HIS/HER

PARTICIPATION IN ANY EVENT SPONSORED BY THE USVI SOCCER ASSOCIATION. I AS THE

PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, I DO ACKNOWLEDGE THAT

PARTICIPATION IN SPORTING ACTIVITIES MAY INVOLVE TRAVEL. MY CHILD MAY BE

EXPOSED TO CONSIDERABLE FORCE, RIGUROUS OUTDOOR ACTIVITIES, AND THAT THERE

MAY BE A RISK OF MINOR OR EVEN SEVERE INJURIES. BY SIGNING I WILLINGLY AND

VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS FOR MYSELF AND ON BEHALF OF THE

ABOVE NAMED CHILD. BY ACCEPTING THE TERMS OF THE REGISTRATION AND PERMITTING

THE VOLUNTARY PARTICIPATION OF THE ABOVE NAMED PARTICIPANT, I HEREBY RELEASE

THE USVI SOCCER ASSOCIATION, ITS VOLUNTEERS, EMPLOYEES, OFFICIALS, SPONSORS, AND

OTHER REPRESENTATIVES AND ALL OWNERS AND ENTITIES ALLOWING, PERMITTING OR

AUTHORIZING THE USE OF THE AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS OF SAID

OWNERS OR ENTITIES FROM ANY CLAIMS, DEMANDS, COST EXPENSES AND COMPENSATION

ARISING OUT OF OR IN ANY WAY RELATED TO ANY INJURY OR OTHER DAMAGE THAT MAY

RESULT TO SAID PARTICIPANT. I UNDERSTAND THESE TERMS AND BY SIGNING I ACCEPT

THEM ALL.

Parent/Guardian Signature

Date