

**CASCADIA ADULT SOCCER ASSOCIATION  
REGISTRATION FORM**

9750 Greenwood Ave N #101  
Seattle, WA 98103  
Phone: (425-408-0029)

[www.cascadiaadultsoccer.org](http://www.cascadiaadultsoccer.org)  
[cascadia.player@gmail.com](mailto:cascadia.player@gmail.com)



FIRST NAME  LAST NAME

STREET ADDRESS  CITY

STATE  ZIP CODE  CELL PHONE  DATE OF BIRTH

EMAIL ADDRESS

LEAGUE NAME

**Registration request:**

\_\_\_\_\_ **New registration \$35.00**

\_\_\_\_\_ **Renewal registration \$35.00**

\_\_\_\_\_ **Replacement card \$10.00**

**PAYMENT METHOD:** Credit/debit card \_\_\_\_\_ Check \_\_\_\_\_ Call in payment \_\_\_\_\_

**CARD #** \_\_\_\_\_ **EXP** \_\_\_\_\_ **CVV** \_\_\_\_\_

**Do you need a Temporary Pass so you can play immediately?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**CASCADIA ADULT SOCCER**

**Instructions for application by e-mail or USPS mail**

Please include with this completed form:

- ☉ A color copy of photo ID
- ☉ The appropriate fee: \$ 35.00
- ☉ Your signature on the liability release below

Please e-mail or mail to the address at the top left of the form  
Your membership card will mailed within 24-48 hours of receipt

**Price Effective May 1, 2017**

**All registered players will have \$5,000.00 of secondary medical coverage. Allow up to 7 days for coverage to start.**

**General Liability Release and Agreement Not to Sue**

**LIABILITY AND RELEASE.** In return for being allowed to register with and participate in the below identified soccer organizations and leagues and play in league games, the undersigned Participant agrees as follows: I understand that playing in adult league soccer games is hazardous and includes many risks of physical injury and/or death, as well as the potential for property damage . Participant agrees to be liable for any personal injury and property damage caused intentionally or negligently during a game by Participant or Participant's guests. Participant acknowledges that he or she is undertaking a game at his or her own risk. Participant agrees for him/herself and his/her heirs to **NOT SUE** and to **RELEASE, HOLD HARMLESS, AND INDEMNIFY** from any and all liability for personal injury (including the inherent risk of death or other bodily injury) and property damage as a result of participation during a game, US Club Soccer, Cascadia Adult Soccer and any league affiliated with Cascadia Adult Soccer, US Club Soccer as well as the employees, agents, contractors, officers, members and Directors of such organizations and leagues.

**GOVERNING LAW:** This agreement is governed by Washington State law.

I hereby certify: 1) that I will abide by the rules of the game of soccer as implemented by any league I play in that is affiliated with Cascadia Adult Soccer and US Club Soccer; 2) that I will comply with the constitution, bylaws, and rules of any league I play in that is affiliated with Cascadia Adult Soccer and US Club Soccer; 3) that I am over 18 years of age and have read and understand the above General Liability Release and Agreement Not to Sue and sign it of my own free will, or I am the parent/legal guardian of the registered player, and have read and understand the above General Liability Release and Agreement Not to Sue and sign it of my own free will.

\_\_\_\_\_  
**Player/Parent Signature**

\_\_\_\_\_  
**Date**

**If player is under 18 yrs. player/parent must sign waiver**