



**Thomas  
Area  
Soccer  
Association**

PO Box 662  
Thomasville, GA 31799

[www.tasasoccer.com](http://www.tasasoccer.com)  
[tasa@tasasoccer.com](mailto:tasa@tasasoccer.com)

Affiliate of: Georgia Youth Soccer Assn. and US Club Soccer

**TASA**  
**Developmental Programs**

**PLAYER INFORMATION**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

SHIRT/JERSEY SIZE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ HOME E-MAIL \_\_\_\_\_

PLAYER'S MOBILE PHONE \_\_\_\_\_ PLAYER'S E-MAIL \_\_\_\_\_

PRIMARY GUARDIAN (PLEASE CIRCLE)    BOTH    MOTHER    FATHER    OTHER

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK E-MAIL \_\_\_\_\_ WORK E-MAIL \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

PAGER \_\_\_\_\_ PAGER \_\_\_\_\_

I have read and understand the TASA policies.

For and in consideration of participation in the Thomas Area Soccer Association (TASA) soccer program, I hereby release acquit, forever discharge, indemnify and hold harmless TASA, its officers, directors, coaches, and representatives of and from any and all claims, demands, actions, or causes of action, liability or damage arising out of or in any way related to participation of my child in the TASA soccer program. This also applies to any tournament officials, or other games played.

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA/USSF and its affiliates (GYSA/GSSA & TASA) accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify the USYSA/USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the programs

If under 18 I further certify that my child has my permission to participate in the TASA program. In event of injury or illness to my child, I hereby grant authority to a qualified physician or dentist to render such medical treatment as said physician deems reasonable and necessary, and I also accept responsibility for any expense involved in connection with such illness or injury.

If over 18 in event of injury or illness, I hereby grant authority to a qualified physician or dentist to render medical treatment. I accept responsibility for any expense involved in connection with such illness or injury.

I, \_\_\_\_\_ (print: Parent/Guardian's name) hereby give permission for any and all medical/dental attention to be administered to my child \_\_\_\_\_ (print: Child's name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

- \*The Player's Coach, Asst. Coach or Team Manager
- \*A club/league representative where my child is playing
- \*Any tournament representative where my child is participating in a tournament.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy number: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies or other medical problems to be noted: \_\_\_\_\_

**Date**

**Signature of Parent/Legal Guardian**

Check # \_\_\_\_\_ \$ \_\_\_\_\_ or Cash \$ \_\_\_\_\_ Child # \_\_\_\_\_ Acad of Exc \_\_\_\_\_ Adv. Acad. \_\_\_\_\_