



SPRING 2012



****REGISTRATION AND RELEASE FORM****

REGISTRATION FEE: (18 - 49 years old) \$125.00

REGISTRATION FEE: (50+ years old) \$100.00

www.OTSLVB.COM

REGISTRATION DEADLINE: RECEIVED by March 5th, 2012 **(DON'T BE LATE!)**

LATE REGISTRATION FEE: \$135/\$110, and you are **not** guaranteed a spot on a roster

PLAYER PLACEMENT: In an effort to provide a competitive experience the OTSL will provide 3 or more divisions based completely on player age. We will strive to create Over 20, 30, 40, and 50 divisions but we will adjust the age brackets to best accommodate divisions of 6 or more teams. The OTSL values each member's commitment to the club while the club's commitment is to create the highest level of competition available in the OTSL. *NOTE:* New players please provide proof of age.

Have you been referred to play in the OTSL by a current member? Please let us know who and they are eligible to win a prize in our Spring 2012 season raffle. _____ (Name of OTSL Player)

NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER(S): (H) _____ (W) _____ (C) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ POSITION (Sweeper, Defender, Midfielder, Forward, *KEEPER*): _____

NEW Players, please rate your own skill level so we can keep the teams as competitive as possible:

- Beginner** (*Little Experience, never played or haven't played in years*)
- Intermediate** (*Some experience, played in high school, play consistently & contribute often to the team*)
- Advanced** (*Lots of experience, played college ball or higher, actively play & lead the team consistently in game play*)

MAIL THIS FORM WITH A CHECK OR MONEY ORDER MADE OUT TO THE "OTSL" TO OUR REGISTRAR.

OTSL Registrar
1521 Narbonne Court
Virginia Beach, VA 23456

******First Game is Sunday, Mar. 25th******

Questions? Call John Hudnall at 650-6190 or e-mail to hud@cox.net. *Va Rush Office & stores will not be accepting registrations.*

ALL PLAYERS MUST READ AND SIGNIFY AGREEMENT WITH THE FOLLOWING STATEMENT:

I REALIZE THAT THE OTSL IS A VOLUNTARY PROGRAM. I AM FULLY AWARE OF THE RISK OF INJURY NORMALLY ASSOCIATED WITH PARTICIPATION IN SUCH SPORTS, WHICH MAY RESULT IN BODILY CONTACT AND/OR INJURY. I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE OTSL, THE OTSL BOARD OF DIRECTORS, THE OTSL TEAM CAPTAINS, THE VIRGINIA RUSH, THE REFEREE'S ASSOCIATION, AND ALL AGENTS AND REPRESENTATIVES OF THE AFOREMENTIONED PARTIES, AND OTHER OTSL PLAYERS, FOR ANY AND ALL CLAIMS ARISING OUT OF INJURY OR PROPERTY DAMAGE WHILE PARTICIPATING IN OTSL ACTIVITIES, WHETHER THE RESULT OF ACCIDENT, NEGLIGENCE, OR FOR ANY OTHER CAUSE NOT INVOLVING MALICIOUS, WILLFUL, OR WANTON CONDUCT. I DO FURTHER ASSUME THE FULL RESPONSIBILITY FOR MY CONDUCT AND MY PROPERTY WHILE ATTENDING OR PARTICIPATING IN OTSL EVENTS AND ACTIVITIES, REGARDLESS OF THEIR LOCATION.

SIGNED: _____

DATED: _____



716 8th Ave. North
 Myrtle Beach, SC 29577
 Phone: (843) 429-0006
 Email: admin@usclubsoccer.org
 Website: www.usclubsoccer.org

ADULT PLAYER REGISTRATION AND INSURANCE WAIVER

League Name: Virginia Rush Adult League

Club Name: OTSL

Team Name (Circle One): TBD

City: Virginia Beach

State: VA

I hereby consent to the above-named club registering me with US Club Soccer. [Note: it will not be necessary to complete this form again as long as I am with the same club or team unless the information below changes].

 Player's Signature

 Date

PLAYER'S INFORMATION

Player's Name: _____

Birthdate: _____

State: _____

Email: _____

Driver's License #: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone : _____

Cell Phone: _____

Bus Phone: _____

In an emergency, please contact the following:

Name _____

Cell Phone: _____

Home Phone: _____

LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization.

I hereby release, discharge, and otherwise indemnify my club and team, US Club Soccer, their sponsors, the USSF and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in US Club Soccer programs and competitions.

I understand that my organization has chosen to cover me with optional secondary accident medical insurance, but the coverage is not effective until a medical roster with player information has been submitted to US Club Soccer, and the insurance premium has been paid. I understand I am also covered with the same liability insurance coverage afforded all other members of, and players and staff registered with, US Club Soccer.

Player's Signature _____

Date _____