

## Hillsboro United Soccer PLAYER ADD FORM FORMA PARA ANADIR JUGADOR

## **Instructions/Instrucciones**

- 1. Please fill out the form completely. Make sure the player being added signs the release form on the left side of this page. | Por favors llene el forma completamente. Asegúrese de que el jugador que está agregando firma el forma.
- 2. 5:00 PM, Friday, June 27<sup>th</sup>, 2025 Deadline to add additional players. | Fecha para anadir mas jugadores

Player Information		
Player Name:		
Home Address:	City:	Zip Code:
OASA #:	•	onth Year
*Oregon Adult Soccer Association		
program. Infraction of those rules can result in dis I agree, that in consideration of the services rend assume all risks and hazards incidental to the co absolve, indemnify and hold harmless the Parks injury, I waive all claims to damage against the a that the acquisition of insurance coverage is my pe	dered and to be rendered by the Parks and Recreatic enduct of this activity including but not limited to t and Recreation Department, organizers, sponsors above mentioned parties. I understand that there ersonal responsibility.	on Department, the organizers, sponsors and the supervisors that the risk of physical injury attendant therewith. I hereby release, and supervisors, any and all of them. In the event of personal
I hereby contract to fully abide by the rules and reprogram. Infraction of those rules can result in distribution. I agree, that in consideration of the services rend assume all risks and hazards incidental to the coabsolve, indemnify and hold harmless the Parks injury, I waive all claims to damage against the atthat the acquisition of insurance coverage is my personal transfer or the rules and results in the services rendered.	emissal from the program of the individuals involved, and to be rendered by the Parks and Recreatic and to this activity including but not limited to to and Recreation Department, organizers, sponsors above mentioned parties. I understand that there ersonal responsibility.  Idline date and time. This form must be completely fills	and possibly the dismissal of the team.  In Department, the organizers, sponsors and the supervisors that I he risk of physical injury attendant therewith. I hereby release, and supervisors, any and all of them. In the event of personal is no insurance coverage for this activity and further understand