



Ohio North Youth Soccer Association

20__ - 20__ SEASONAL YEAR

FALL SPRING SUMMER



ADMINISTRATOR REGISTRATION APPLICATION

Administrator Role(s) * Required Field **At least one field is required

Head Coach Assistant Coach Team Manager Club Administrator Board Member TOP Soccer Buddy

Administrator Information

Male Female

Legal First Name* Legal Last Name* Legal M.I. Gender*

Street Address* Apartment/Unit #

City* State* Zip*

Home Phone** Work Phone** Cell Phone**

Email* DOB (MM/DD/YYYY)*

Emergency Contact #1* Phone*

Emergency Contact #2 Phone

Coaching Information

Club* League* Team ID Number

Recreational Competitive Premier TOPS

License Grade and Number Age Group* Play Level*

Ohio North Waiver

As an Ohio North Youth Soccer Association (“Ohio North”) registered coach or volunteer, I hereby agree to the following: (1) I agree to follow and uphold all of the rules and regulations of the above named league, Ohio North and US Youth Soccer. I understand that if I do not follow these rules and regulations, I will be subject to sanctions by my league or state association for my actions. (2) I have submitted the online risk management form for Ohio North and understand that if my risk management application, in conjunction with my criminal history background check, results in a finding that disqualifies me, I shall discontinue my participation with Ohio North clubs, Ohio North leagues and all other functions or activities affiliated/associated with Ohio North, effective immediately. (3) I understand that as a coach, assistant coach, or team manager of a youth sports team within the state of Ohio, I shall successfully complete an approved concussion training course. I also understand that I shall remove an athlete exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury from practice or competition. Also, I shall refrain from allowing an individual to return to the practice or competition from which the individual was removed, or to participate in any other practice or competition for which I am responsible until the individual has been assessed and cleared for return by a physician or by any other licensed health care provider authorized by youth sports organizations. (4) I consent to Ohio North taking photographs, video recordings, and/or sound recordings in documenting the activities of Ohio North’s programs and services. I hereby grant Ohio North and their affiliates’ permission to use the negatives, prints, motion pictures, video/audio tapings or any other reproduction of the same for Ohio North and its affiliates’ educational and promotional purposes in manuals, on flyers, the internet, or other publications I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Ohio Youth Soccer Association North, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature Date