



Southern Nevada Soccer Association Player Registration Form

www.snsasoccer.com |



Play Format:

Boys _____

All-Girls _____

Returning player?

Yes _____

No _____

CLUB PLAYER POLICY NOTIFICATION

SNSA rules restrict a player registered with an NYSA competitive club soccer team from registering with an SNSA recreational league team. Check this box to affirm your child is not registered with a club team. ☐

PREFERRED PROGRAM

☐ HUYS

☐ Mini Kickers

☐ SHU

☐ High School

PLAYER INFORMATION – Please print legibly – One form per participant – *Please be aware of all SNSA policies!*

First _____ Last _____ M ☐ F ☐ Birthdate ____/____/____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Primary e-mail address _____

Parent 1 _____ Cell# _____ Parent 2 _____ Cell# _____

Person to notify in emergency (when parent cannot be reached) _____ Telephone _____

List any medical conditions or allergies _____

Doctor to notify in emergency _____ Telephone _____

Medical/Hospital Insurance Company _____ Telephone _____

Policy Holder's Name _____ Policy Number _____

No. of Years Played _____ Last Season _____ School Zone _____

REQUESTS: Coach/Team _____ Player(s) _____

SNSA ASSUMPTION OF RISK AND RELEASE: As the legal guardian of the minor registrant, I agree that the registrant and I will abide by the rules of Southern Nevada Soccer Association (SNSA). I hereby acknowledge and agree that participation in SNSA's league program and related events and activities includes the possibility of injury, loss, and possible exposure to and illness from infectious diseases, including but not limited to MERS, influenza, and SARS-COV-2, which is responsible for Coronavirus Disease COVID-19 and/or any mutation or variation thereof. On behalf of registrant I knowingly and freely assume such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for registrant's participation. I willingly agree to comply with the terms and conditions for participation as regards protection against injury, loss and infectious diseases.

This is to certify that I, as the guardian with legal responsibility for the minor registrant, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SNSA, its officers, directors, officials, coaches, members, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (releasees), while participating in activities of any kind whether sponsored by or under the supervision of SNSA and with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

Signature _____ Date _____

Print Name _____ Phone _____

SNSA REFUND POLICY - No unconditional refunds will be issued after February 2, 2024.

The amount of an approved refund may be reduced to cover fees incurred on behalf of the registrant that cannot be recouped (including but not limited to merchant fees, registration fees and insurance fees). Refunds will not be authorized for team assignment or schedule conflict issues. Refunds will not be issued in case of force majeure, including a suspension or cancellation of play due to an infectious disease outbreak. Refund requests must be received in writing.

Signature _____

Date _____

MEDICAL TREATMENT AUTHORIZATION: As the legal guardian of the registrant I hereby consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant to a medical treatment facility should an individual listed above consider it to be warranted.

Signature _____

Date _____

OFFICIAL USE ONLY

Birth Date Verified? Yes _____ No _____

Player Fee..... \$ _____

Late Fee..... \$ _____

Sibling Discount..... \$ _____

Check# _____ Amount _____

Rec'd by _____ Date _____

SNSA POLICY INFORMATION

All registrants for Southern Nevada Soccer Association youth recreational league programs need to review and comply with the following league registration policies (enter initials next to each policy):

_____ **INSURANCE:** Included in your registration fee is accident insurance coverage for injuries your child may experience at SNSA-sponsored events. This insurance is provided through SNSA's national affiliate, Soccer Association for Youth (SAY). To file a claim, a parent or coach must report the incident to SNSA within 90 days of the date of occurrence.

_____ **COMMUNICABLE DISEASE POLICY:** As a condition of membership in Southern Nevada Soccer Association (SNSA), members and associated persons who attend SNSA events agree to comply with all rules, guidelines and policies established by SNSA and by federal, state, and local authorities to mitigate the transmission of infectious diseases, including but not limited to SARS-CoV-2, which is responsible for Coronavirus Disease (COVID-19), and/or any mutations or variations thereof.

_____ **PHOTOGRAPHY PERMISSION:** With your registration you hereby grant Southern Nevada Soccer Association permission to use your child's likeness in photograph(s)/video in any and all of its publications and on its web site. SNSA will not identify the player by name as to protect the player. Registrant shall make no monetary or other claim against the SNSA for the use of the photograph(s)/video.

_____ **CLUB PLAYER POLICY NOTIFICATION:** With limited exceptions, SNSA prohibits a player registered with an NYSA competitive club soccer team from registering with an SNSA recreational league team. SNSA recreational league players may guest-play at tournaments for NYSA club soccer teams.

_____ **TEAM ASSIGNMENT POLICY:** Players may request to play on a team with a preferred coach or player. Returning players who register on time have priority for placement on their prior team if the team is returning for the current season; **returning players who register late are not guaranteed placement on their prior team.** A returning player who registers on time will be returned to the prior team unless a different team is requested. Preference requests for players not returning to their prior team cannot be guaranteed; they are one of several criteria used to assign players to teams, including roster sizes, geographic location, and competitive balance among the teams in the age division. ***SNSA is under no obligation to notify a registrant when we are unable to accommodate a coach/player preference request prior to assigning the player to a team; no refunds will be given to registrants for whom a coach or player preference could not be honored.***

_____ **PARENT CODE OF CONDUCT:** All adult members are required to review and comply with the SNSA Parent Code of Conduct, which applies to all adults associated with a registered SNSA player. Adults are expected to model the values of respect and sportsmanship to our young players at all times.

We thank you for your compliance with league policies, and for your commitment to work with SNSA coaches, referees and league officials to create a positive environment in which our kids can learn to play the game of soccer.

SNSA Mail-In Registration Instructions:

1. Complete this form. Be sure to sign the medical consent and release sections and initial the policy information.
2. If the applicant has not played with an SNSA league before, enclose a copy of his/her birth certificate.
3. Please enclose a check or money order for the registration fee payable to **Southern Nevada Soccer Association.**
4. Mail to **SNSA Registrar, 140 N. Gibson Rd. Suite I, Henderson, NV 89014**