

**NEW PLAYER REGISTRATION FORM**

*Please print legibly*

Please supply all information that pertains to you. **FIRST AND LAST NAMES, MAILING ADDRESS, CITY, AND STATE, ZIP CODE, AND BIRTH DATE ARE REQUIRED TO REGISTER.** Welcome to NCASA!

**REQUIRED INFORMATION**

Player Pass #: from last season	Name (First, MI, Last)	Birth Date (YEAR/mm/dd) / /	Gender (Circle) M / F
Street Address, PO Box or RR Number		City	State Zip Code
Home Phone ( ) -	Secondary Phone ( ) -	E-mail Address	
Team Name	League Name	Team Role: [ ] Coach / Captain [ ] Player	
Birth Nation	Player Status (Check one) [ ] Amateur [ ] PRO ** (** As defined by USSF Pol. 601.6 & 8)		

YOU **MUST** READ AND SIGN THE INSURANCE WAIVER BELOW THIS FORM.

This endorsement changes the policy. **Please read it carefully.**

**COMMERCIAL GENERAL LIABILITY**  
Policy number MOLO20669



**U.S. ADULT SOCCER ASSOCIATION WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the U.S. Adult Soccer Association athletic/sports program and related events and activities, the undersigned:

1. Agrees that prior to participating, he or she will inspect the facilities and equipment to be used and, if he or she believes anything is unsafe, they will immediately advise their coach or supervisor of such conditions and refuse to participate.
2. Acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the U.S Adult Soccer Association, the North Carolina Adult Soccer Association, its affiliated leagues, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, accused or alleged to be caused in whole or in part by the negligence of the release or otherwise.



**THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE OR SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.**

Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLAYERS' TEAR OFF - KEEP THIS PART WITH YOU!**

Should you have <b><u>questions on the policy</u></b> , you may contact K&K Insurance at 1-800-237-2917 ext. 5748 or ext. 5170. For prompt service, call between the hours of 7:30 am – 4:30 pm EST.	For questions related to <b><u>how to file your claim</u></b> or player registration, you may contact the NCASA office at 336-856-0702 or email at <a href="mailto:ncasa@ncsoccer.org">ncasa@ncsoccer.org</a> .
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**Understanding your K&K Insurance Participant Accident Policy in the event of injury.**

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| <ol style="list-style-type: none"> <li>1) Your Player Pass is <b><u>NOT</u></b> an insurance card and should <b><u>NOT</u></b> be given to your medical provider.</li> <li>2) If you are injured during a USASA/NCASA sanctioned event, your claim <b><u>CANNOT</u></b> be processed until you have <b><u>CORRECTLY</u></b> filed a claim and have submitted to NCASA with a <b><u>COPY OF BOTH SIDES</u></b> of your player pass.</li> <li>3) The policy is a secondary insurance, providing reasonable reimbursement of expenses upon receipt of a claim and medical expenses.</li> </ol> | <ol style="list-style-type: none"> <li>4) All eligible expenses are subject to a \$400 DEDUCTIBLE.</li> <li>5) K&amp;K Insurance does <b><u>NOT</u></b> provide insurance cards on Participant Accident Policy due to risk of fraud.</li> <li>6) For a downloadable description of excess, or secondary plan benefits available under the Participant Accident Policy, please visit <a href="http://www.ncadultsoccer.org/Insurance.htm">www.ncadultsoccer.org/Insurance.htm</a>.</li> </ol> |
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**[www.ncadultsoccer.org](http://www.ncadultsoccer.org)**