BEAVERCREEK SOCCER ASSOCIATION INC.
BSA CELTIC SOCCER CLUB, THE OHIO GALAXIES FC

I/we, the undersigned, desiring to participate in the Beavercreek (BSA) Soccer Program, TheBSA Celtic Soccer Club or The Ohio Galaxies F C during the upcoming soccer year, agree to abide by the rules, regulations, and operation procedures of the BSA, The BSA Celtic Soccer Club or The Ohio Galaxies FC. Recognizing the possibility of injury associated with soccer and in consideration of the BSA, The BSA Celtic Soccer Club, The Ohio Galaxies FC and the USYSA accepting the registrant for its soccer programs and activities. I/we hereby release, discharge, and/or otherwise indemnify the BSA, BSA Celtic Soccer Club, The Ohio Galaxies FC, City of Beavercreek, Beavercreek Township, Beavercreek School District, USYSA and all of those officers, directors, agents, assigns, and employees, on behalf of myself, the registrant's parents, and the registrant, including the owners of the fields and facilities utilized by the BSA, The BSA Celtic Soccer Club and The Ohio Galaxies FC, against any claim of whatever nature arising from, or related to, participation in the soccer program and related activities.

Season______________________________

Players Name(please Print)	Parent/Guardian Signature	Date
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TEAM NAME	**COACH"S NAME (PLEASE PRINT)**	