

NOASA Field Availability and Team Waiver Form



Team Information

Season: Season _____ Age Division: Age Division _____
Club: _____ Team Name: _____
Contact Name: _____
Contact Address: _____
Contact City: _____ Contact Zip: _____
Contact Email: _____ Contact Phone: _____
Team Uniform Color: _____
Primary Field Name: _____ Field Number: _____
Secondary Field Name: _____ Field Number: _____

Team and Field Availability

Provide dates in mm/dd/yyyy and times in 24hr format in hh:mm EST. Use an asterisk to indicate **not** available, e.g. Saturday 12:00*24:00 = not available and Sunday 9:00-12:00 = available.

Earliest date field is available: _____ Latest date field is available: _____
Daily Times: Saturday _____ Sunday _____
Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____
Availability Exceptions: Date1: _____ Reason: _____
Date2: _____ Reason: _____
Date3: _____ Reason: _____
Date4: _____ Reason: _____

Team Waiver

The undersigned hereby acknowledges he/she is fully authorized to act on behalf of the above referenced club and/or team, and hereby certifies the club has retained in its files for each player on the team, a legally executed and witnessed waiver and release of liability which releases, indemnifies and forever holds harmless the club its officers and coaches, the Northeastern Ohio Amateur Soccer Association, Inc., the Ohio Soccer Association-North, Inc, United States Adult Soccer, U.S. Soccer Federation, and all the officers, officials, referees, assigns, successors, and all sponsors and suppliers, named and unnamed, of those entities, and all the owners and/or operators of fields and facilities used by the club and team, from any and all damages, claims, injuries or expenses, or any liability whatsoever, whether known or unknown, which might arise out of, be related to or accruing from participation in any soccer activity.

Signed: _____ Date: _____
Printed Name: _____
Club Registrar: _____ Phone: _____