



126 East 12th Street, Suite #2B, New York, NY 10003-5331 – info@nystrangers.org – Office (347) 45N-YSSA

Individual Player Registration, Liability Waiver and Medical Consent Form

Gender: (M/F) _____ Uniform Size: (XS \ S \ M \ L \ XL) _____ Top 3 Uniform #: _____ / _____ / _____

Members Information:

Players Name: _____ Birth date: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

High School/College: _____

Did you play volleyball in High School? Yes No, if yes what school: _____

Did you play volleyball in College? Yes No, if yes what school: _____

Name of Parent/Legal Guardian: _____

Address/City/Zip: _____

Home phone: _____ Work phone: _____

Cell Phone: _____ Email: _____

Child's Medical Information:

Medical problems: _____

Allergies: _____

Emergency Contact Information:

Name: _____ Relation: _____

Phone/Mobile Number: _____



126 East 12th Street, Suite #2B, New York, NY 10003-5331 – info@nystrangers.org – Office (347) 45N-YSSA

Individual Player Registration, Liability Waiver and Medical Consent Form

I consent to the participation of in New York Strangers Sports Organization (“NYSSO”) Sports. In consideration for my SON/DAUGHTER/WARD’s participation, I agree to reimburse and indemnify the NYSSO Volleyball LEAGUE, PARTICIPATING TOURNAMENTS, PRACTICES, AND EVENTS for all reasonable legal and court fees incurred in defending a lawsuit that I or my SON/DAUGHTER/WARD may bring against the New York Strangers Sports Organization, et al. which relates to NYSSO Volleyball if the New York Strangers Sports Organization is found not legally liable by the courts and prevails in the lawsuit. If the New York Strangers Sports Organization is found legally liable for injuries sustained by my SON/DAUGHTER/WARD, this paragraph will not apply.

My/our child wishes to participate in New York Strangers Sports Organization Volleyball activities. I/we realize that there are numerous risks involved in participating in this activity. These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child’s future abilities to earn a living, engage in business, social and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with my/our child’s participation in New York Strangers Sports Organization Volleyball and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in suitable, good physical condition. Further, I/we are unaware of any medical condition that would inhibit my/our child’s participation. As a condition of my/our child’s voluntary participation in New York Strangers Sports Organization volleyball, I/we agree to accept all the previously mentioned risks as a condition of my/our child’s participation. In the event of an injury or illness, I/we grant permission to any and all healthcare providers designated by to provide my/our child any and all necessary medical care related to the injury or illness. I/we further understand I/we will be contacted as soon as is practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

I consent to the use by the New York Strangers Sports Organization of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of New York Strangers Sports Organization promotional items, website and other promotional activities. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the New York Strangers Sports Organization from any liability connected with the use of me or my child’s picture or voice recording as part of any of the above or similar activities. I have read the Youth Code of Conduct and agree to instruct my teen to abide by the rules of the club, its officers, and the sponsoring club. I agree that if my teen fails to abide in any way with this Code of Conduct and rules of the New York Strangers Sports Organization, my teen will be asked to assume the natural consequences of his/her actions.

Parent/Legal Guardian: _____ Date: _____

OFFICE USE ONLY

Team Name:

Coach’s Name:

Membership Fees:



126 East 12th Street, Suite #2B, New York, NY 10003-5331 – info@nystrangers.org – Office (347) 45N-YSSA

Player Code of Conduct

Welcome to the New York Strangers club. You are one of many people who will participate in the New York Strangers Sports Organization activities this year. It is our goal to provide a safe, healthy and positive experience for all participants. In order to do that, we expect that you will abide by this Code of Conduct and represent your family, coaches, officers, players and team well during the season. As a player/member in the New York Strangers Sports Organization, I understand and agree to the following:

- I will abide by the New York Strangers rules, Code of Conduct, the directions of my coaches and the directions of the officials.
- I understand that my coach will review the rules of the New York Strangers Sports Organization with my team before the start of the season and as necessary during the year.
- I will provide accurate information on paperwork I submit to the New York Strangers Sports Organization.
- I will respect the property and rules of host officers, their coaches and volunteers. I will respect the personal property of other participants in New York Strangers Sports Organization.
- I will do my best to maintain an attitude of healthy competition, sportsmanship and acceptance of winning and losing.
- I will refrain from using alcohol, tobacco or illegal drugs during my involvement in New York Strangers Sports Organization. I understand that I will have one warning in the case of tobacco use, and then will be suspended. Alcohol or illegal drug use will not be tolerated and result in suspension from the club.
- I will be responsible for my own actions and accept the consequences that result from my actions.
- I will be on time for practices and games and will arrange for prompt pick up after practices and games.
- I recognize that I must participate in fundraising for the club. Fundraising may include participating in specific events or soliciting contributions.

I also understand that our member has paid to learn skills and concepts of volleyball; he/ she have not paid to PLAY. The New York Strangers Sports Organization coaching staff is committed to developing ALL players' skills and when a player earns the right to play in certain situation, he/she will see playing time. That decision is purely a coaching one. However, NYSSO will not keep players whom we do not believe have the potential to contribute during tournaments. I realize that coaching is not science and that all coaches' decisions will be popular and unpopular. However, I believe that every member of the New York Strangers Sports Organization coaching staff will act in the best intentions of the NYSSO program, the best intentions of the team, and the best intentions of each and every player. I may not agree with every decision they make, but I will respect that decision.

Please note:

When you sign the Individual Player Registration Form, you agree to abide by this Code of Conduct, the rules of the New York Strangers Sports Organization. Violations of the Code of Conduct or established rules may result in disciplinary action from the New York Strangers Sports Organization Board of Directors Committee.

As a player and member in the New York Strangers Sports Organization, I have read the Player Code of Conduct and agree to abide by the Code and the rules established by the New York Strangers Sports Organization. I will assume the consequences of my actions should I choose not to abide by the Code of Conduct and any established rules.

Player Signature: _____ Date: _____