



349 W. Birchwood - Morton, IL 61550 phone: (309) 263-7429 fax: (309) 263-7141

### INDOOR SOCCER PLAYER PARTICIPATION FORM

TEAM NAME:				
COACH/MANAGER NAME:				
CIRCLE AGE DIVISION:	Youth Travel	Jr. High Travel	High School	Adult
CIRCLE SESSION:	Fall/Session 1	Winter/Session 2	Spring/Session 3	Sauna
Player name:				
Player address:				
Player phone:				
Player email:				
Player date of birth:	____ / ____ / ____ (MUST include year of birth)			
Player grade in school:				

### RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of your accepting the participant for this program, I hereby for myself, the participant and my heirs, executors and administrators, waive and release any and all rights, claims or causes of action which I or the participant may have against the District for any loss, damage or injury arising out of any activity sponsored by the district. If the participant is a minor, I do further agree to indemnify and hold harmless the District, its commissioners, officers and employees, from any claim for any loss, damage or injury sustained by the minor, including attorney fees incurred in defense thereof. The participant has no physical disability which would prevent him/her from participating in this program or which would be aggravated by participation in this program. I understand that no medical insurance is provided for program participants and I agree to accept full responsibility in case of an injury.

Signature: <i>(if under 18 parent must sign)</i>
Date: