

Sonoma County Adult Co-Ed Soccer League

REGISTRATION FORM

WWW.SCACSL.NET

Session: _____

Division: _____

Team Name: _____

Returning Player

You do not need to fill out the bottom portion of the registration.

New Player

Fill out the document completely, make sure you attach a photo on the bottom and include a copy of your ID.

Transferring Player:

Fill out the document completely, and also attach a completed player transfer form.

PLAYER INFORMATION: Please Print Legibly and Sign lines A & B below!

Last Name: _____ First Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Gender (circle one): M F

By my signature below, I hereby waive, release and discharge any and all claims of damages or liability for negligence or strict liability resulting in death, personal injury or property damage against any and all of Sonoma County Adult Coed Soccer League, its agents, directors, employees, any other participant in activities or events sponsored by Sonoma County Adult Coed Soccer League and owners, operators or lessees of any park, field or facility.

I hereby acknowledge and understand that soccer is an inherently dangerous sport in which I participate at my own risk. I also hereby acknowledge and understand that this waiver, release, and assumption of risk are binding on my heirs and assigns. To the best of my knowledge I have no physical condition, which would interfere with my ability to participate in or attend any activity or event without endangering my health.

Name: _____ (Please Print Legibly)

“A” Signature: _____ Date: _____

Sonoma County Adult Coed Soccer League

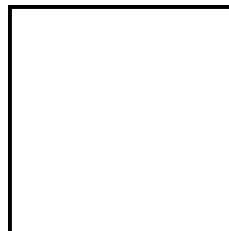
Player Pass

Name: _____

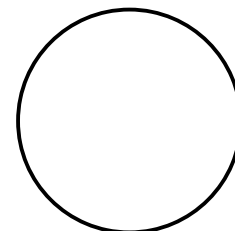
Birth Date: ____/____/____

Team Name: _____

Season: _____ Division: _____



Player Photo



Registrar's Stamp

“B” _____
Player's Signature