

SONOMA COUNTY ADULT COED SOCCER LEAGUE

Registration Form

www.scacsl.net

Team Name: _____ Division: _____

Age Group: Over 30 for men and over 18 for women Season: Spring 2010
(One male player may be 21 or over; two may be 25-30)

Please Print Legibly and Sign Both Signature Lines "A" & "B"

Last Name _____ First Name _____

Email _____

Address _____ City _____

State _____ Zip _____ Phone _____

Birth date: ___/___/___ Gender: M F

By my signature below, I hereby waive, release and discharges 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. I also hereby acknowledge that I presently have valid personal injury insurance coverage.

Name: _____ (Please Print Legibly)

"A" Signature _____ Date: _____

Sonoma County Adult Coed Soccer League

Player Pass

Name: _____

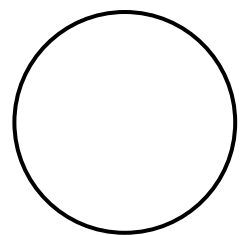
Birth date: ___/___/___

Team Name: _____

Season: Spring 2010 Division: _____



Player Photo



Registrar's Stamp

"B" _____

Player's Signature