

SOCCER FIRST INDIVIDUAL SIGN - UP

6490 Dublin Park Drive, Dublin Ohio 43016

Phone # 614-793-0101

Fax # 614-791-3006

Name: _____ Birthdate: ___/___/___

Address: _____

City / Zip: _____ Male: ___ Female: ___

Home: ___ - ___ - ___ Work: ___ - ___ - ___ Fax: ___ - ___ - ___

Email: _____

Position(s) Keeper Defender Midfielder Forward

How many years have you played? _____

When was the last time you played? _____

Have you played indoor soccer? _____ How many seasons? _____

Have you played outdoor soccer? _____ How many seasons? _____

What level do you consider yourself? 1 2 3 4 (please circle one)

1 = Top competitive level → 4 = Lower recreational level

League(s) You Would Like To Play In:

Youth Boys _____ Youth Girls _____

Men's Open _____ Men's 30+ _____ Mens40+ _____

Coed Open _____ Coed 30+ _____ Coed 40+ _____ Women's _____ Women's 25+ _____

ADULT WAIVER

In consideration of being allowed to participate in any way in the Soccer First program, related events and activities, the undersigned acknowledges, and agrees that: 1)

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume full responsibility for my participation; and, 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazards during my presence or participation, I will remove myself from participation and such to the attention of the nearest official immediately; and, 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Soccer First their officers, officials, agents and/or employees other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name: _____ x _____ Date: ___/___/___

PLEASE PRINT

SIGNATURE

YOUTH WAIVER

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE OF 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent to his/her release as provide above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in there programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent Name: _____ x _____ Date: ___/___/___

PLEASE PRINT

SIGNATURE