

NA CO-REC ADULT SOCCER LEAGUE (Fall 2015)

REGISTRATION DEADLINE August 28th, 2015.

Must be at least 18 years of age to participate in this league.

Name Last _____ First _____ Gender M or F

Address _____ City/Zip _____

School District of Above Address _____ Home Phone _____

EMAIL Address _____ Work Phone _____

Emergency Contact _____ Phone _____

Birth date _____ #yrs playing soccer _____

Are you (or would you be willing to be) a GOALIE ? _____

Names of individuals you would like on your team _____

Team Name (if you are already part of a team) _____

(Please remember all players must sign the waiver whether they are part of a team or not.)

FEES (CHECK/CASH)(CREDIT/DEBIT CARD ON-LINE ONLY)

Co-Rec Adult Soccer league fee \$65.00 _____

JERSEY SIZES (circle) SM MED LG X-LG XX-LG

By signing this form, you agree to pay the league fees.

TOTAL ENCLOSED (payable to NA Parks) _____
(NA Parks use only: Date Application Received _____)

Waiver of Liability:

The undersigned agrees that I am at least 18 years of age, and I give my consent to become a member of NA Co-Rec Adult Soccer. In consideration of the recreation and information being provided, I agree to assume all risks associated with the membership in this league. I recognize that soccer is an active sport, which may result in harm or injury to the participants. By signing this agreement I (as well as my heirs, executors, or administrators) hereby waive, release and forever discharge NA Co-Rec Adult Soccer/NAPLJPD, its staff, employees, sponsors, and contractors from all rights and claims from damage, injury, or loss to person or property which may be sustained or occur during participation in games/practices or while attending games/practices or coming from or going games/practices, whether or not loss, damages or injury is due to negligence or any other reason.

I certify that I am physically and mentally capable of participating in soccer and any related activities. I hereby give permission for any staff member, coach, employee, or official to seek medical attention for the above mentioned member during the course of the season, in the event of an accident, injury, or illness. I will be responsible for any and all costs associated with the medical attention and treatment.

I hereby give permission to NA Co-Rec Adult Soccer/NAPLJPD to print/publish/display Soccer related pictures of the above registrant/myself. These pictures may be used on the NAPLJPD website and any printed matter promoting NA Co-Rec Adult Soccer/NAPLJPD. I also agree that there will be no compensation expected or due to the above registered player/myself or his/her family or personal representatives.

PRINT Name _____ Signature _____ Date _____

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(New Albany Plain Local Joint Parks District), 7860 Bevelhymer Road, New Albany OH 43054 614-939-7275

www.naparks.org