



## ADULT Player Registration Form

Player Information (Please Print):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Circle One:  
Male      Female

Date of Birth:
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Do you have medical insurance? Yes      No      (Soccer Central does not provide Medical or Dental Coverage)

### RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, the registrant player, am familiar with the nature of soccer and indoor soccer. I understand that participation in indoor soccer can be dangerous and can possibly lead to minor injuries, broken bones, brain damage, injury to internal organs and/or parts of the body, serious spinal injuries, paraplegia, permanent injury and death. These serious and permanent bodily injuries could impair learning ability, ability to earn income and general enjoyment of life.

I accept that **Soccer Central** is only providing an opportunity to use an indoor athletic facility. I, on behalf of my heirs, assigns, and the next of kin, release, indemnify, hold harmless and promise not to bring action of any kind against **Soccer Central**, its staff agents, owners, officers, property owners, league directors, officials, sponsors and any others having an interest in the facility, from all liability, negligence, cause of action, claims, demands, and damages of every kind which may arise out of participation in any and all activities at this facility.

I will familiarize myself with the rules of the game and of the facility, and will to the best of my ability play under control and avoid injury to myself and other persons using the facility. I understand that my membership may be revoked for violation of facility rules.

**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.**

Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve my life, limb or wellbeing.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

PARA EL USO DE LA OFICINA:		
CASH \$ _____	TEAM NAME _____	<u>REGISTRATION OR MEMBER TYPE:</u>
CHECK# _____	DIVISION _____	NEW _____ # _____
VISA/MC _____	SESSION _____	RENEWAL _____ # _____
AMOUNT PAID _____		DAY PASS _____ # _____
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p style="margin: 0;">RETURN COMPLETED FORM ALONG WITH PAYMENT TO:</p> <p style="margin: 0; text-align: center;">SOCCER CENTRAL P.O. BOX 1200 WATSONVILLE, CA 95077</p> </div>		
DATE ENTERED _____	DATE PRINTED _____	STAFF INITIALS _____