

# SOCCERZONE REGISTRATION

online information: [www.soccer-zone.com](http://www.soccer-zone.com)

Player's Name: First															
Last															
Sex: M F	Date of Birth					-	-								
Address															
City															
State	Zip Code					-	-								
Phone # (home)						-	-								
Phone # (work)						-	-								
Email															

*We do not sell or share email addresses. We will use them for game reminders and SoccerZone communications.*

Soccer    Flag Football    Dodgeball    Lacrosse    Other \_\_\_\_\_

Age as of 7/31/07 \_\_\_\_\_

Parent's Name (player under 18) \_\_\_\_\_

Registering as    Independent Team    House Team    Class \_\_\_\_\_

League \_\_\_\_\_ Team Name \_\_\_\_\_ name

Individual: Place me on team with \_\_\_\_\_

Are you interested in playing goalie? \_\_\_\_\_

Help coach a house team? (name/phone) \_\_\_\_\_

Payment (circle)   Cash   Check   Mastercard   Visa

Payment Amount \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

Name on card \_\_\_\_\_ exp date \_\_\_\_\_

Signature \_\_\_\_\_

Make checks payable to SoccerZone & send to:

SoccerZone, 1435 University Drive Ct., Granger, IN 46530 • fax: 574-243-5778

**PLEASE SIGN BELOW: WAIVER/EXCLUSION CLAUSE:** I, the undersigned parent/guardian/participant, in enrolling at SoccerZone, understand that he/she/I in attending any soccer program and using the facilities does so at his/her/my own risk. SoccerZone, and its owners, employees and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully and forever release, discharge and hold harmless SoccerZone, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by SoccerZone. He/she/I understand(s) that failure to do so may result in suspension from participation. **CONSENT:** I, the undersigned parent of/guardian of/participant verify that they are in good health and I assume the health responsibility for the participant and do hereby grant authority to the staff of SoccerZone to render judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize SoccerZone and its assigns to utilize any and all photographs, pictures or other likeness of me as they deem appropriate in its promotional materials.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

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