

ADULT SOCCER REGISTRATION



NAME: _____
(Last) (First) (MI)

ADDRESS: _____

CITY: _____ ZIP: _____

D.O.B. ____ / ____ / ____ MALE FEMALE

HOME# (____) _____ CELL# (____) _____

EMAIL: _____

EMERGENCY CONTACT: _____ (____) _____
(Name) (Relationship) (Ph. #)

UNIFORM SIZE Highest level of soccer played _____

S M L XL How long? _____

I agree to abide by the rules of the Brandon Soccer League, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Brandon Soccer League accepting this registration for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the Brandon Soccer League, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim.

(Print Name) (Signature) (Date)

PAID _____

DATE _____

RCVD BY _____