



YOUTH PLAYER REGISTRATION

Registering for Team: _____

First name: _____

Last name: _____

Gender: Female Male

Date of Birth: _____

Previous soccer experience: _____

Address: _____

Apt: _____

City: _____

State: _____

Zip: _____

Email address: _____

Father's Name: _____

Phone: _____

Mother's name: _____

Phone: _____

Emergency contact #1: _____

Phone: _____

Medical Conditions: _____

If applicable, list any medical problems(s)/physical limitation(s) the player has

Minor Release

I, the minor's parent and/or legal guardian, understand the nature of soccer and related physical activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, Total Futbol Club, Total Soccer Arena, their respective officers, members, directors and employees, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operation and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim. This agreement and waiver will remain in full legal force and effect for as long as the minor participates in these activities.

Parent/Legal Guardian name: _____

Signature: _____

Date: _____

