

HIGH COUNTRY SOCCER ASSOCIATION - 7V7 ADULT LEAGUE - FALL 2011 - TEAM REGISTRATION FORM

TEAM NAME: _____

TEAM CAPTAIN: _____

CAPTAIN PHONE NUMBER: _____

As team captain, I promise to make sure that all players who represent my team on the field have filled out the proper information, have been informed of league rules and signed the waiver.

MEDICAL CONSENT AND LIABILITY WAIVER

I understand that I am not covered under any medical insurance through High Country Soccer Association. I recognize and understand the nature of this sport and its related activities that there are inherent risks, including physical injury. I certify I am in good physical condition to participate in soccer activities. In the event of an injury or illness to myself, I hereby authorize consent to High Country Soccer Association, its employees, volunteers, or referees to call upon additional emergency medical personnel as necessary to render treatment and agree to pay the usual and customary charges for such services. I agree not to hold the High Country Soccer Association, its employees, volunteers, and referees liable for personal injury, loss sustained, or damages to any personal property caused by or having any relation to this activity. I agree to indemnify and hold harmless HCSA from any claim whatsoever. I understand that this release applies to both present and future injuries or damages, and that it binds my heirs, executors and administrators. I have read this Medical Consent and Liability Waiver and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. Participants under the age of 18 year require the signature of a parent or legal guardian.

#	Print Name	Signature <small>(I have read the waiver above and agree with its conditions)</small>	Date	Email Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				