



The Soccer Centre

2018-2019 Indoor Soccer League individual player registration/waiver

Players will not be assigned to a team unless fees and waivers are turned in by deadlines.

Name of Participant: _____ Phone _____ Male _____ Female _____ Date of Birth _____ / _____ / _____ School _____ Grade _____

Address: _____ City: _____ Zip: _____ How many years have you played? _____ In what League? _____

Traveling Player? _____ Club's Name: _____ Coach's Name _____ Special Medical Needs: _____

Father's Name _____ Phone _____ Mother's Name _____ Phone _____ Will you coach son/daughter's team? _____

Your email if we need to communicate with you _____ we do not share your info with any other person or company

Release Waiver

It is the player's parents or guardian's responsibility to ensure that the participant is healthy and has no physical or other ailments, problems, or conditions that would prevent the player from participating in any activities at the John Gaspar Soccer Academy, LLC (hereafter collectively referred to as Academy). It is the player's parents or guardian's responsibility to ensure that the player has medical insurance in full affect. Academy will not be held responsible or liable for any medical payments or treatment. By participating in sports or events, player, player's parents, or guardians hereby acknowledge that the player has had a physical examination in the past year and is free from any illness, disease, ailment, or other injury that would prevent the player from participating in any sports or events at the Academy. The Academy is not responsible or liable for player's illnesses, diseases, ailments, or other injuries or any events that occur due to player's illnesses, diseases, ailments, or other injuries. By participating in sports or events at the Academy or other locations, player's parents or guardians hereby acknowledge to be true that soccer is an active and potentially dangerous physical sport. Injuries can occur during any time in the game of soccer that my result not only from the player's actions, but also from other people or other objects. By participating in sports or events at the Academy, player, player's parents and player's guardians hereby acknowledge and agree that the Academy will not be held responsible or liable for any negligence, intentional actions, injury, or other risks that the player may incur. Additionally, player, player's parents, and player's guardians hereby assume the risk and accept personal liability for any of the above. Player, player's parents and player's guardians hereby agree to indemnify and hold harmless the Academy and its successors and assigns for anything the Academy may be held liable for. Player, player's parents and player's guardians agree to not sue or bring any other action, in law or equity, in the courts or in any administrative proceeding, against the Academy, the Academy's successors and assigns, the Academy's employees, and anyone associated with the Academy. If player is injured during any sports or events at the Academy, player's parents and player's guardians hereby agree to allow the Academy to make, in the absence of player's parents or player's guardians being present, health care decisions on behalf of the player. Player, player's parents and player's guardians hereby agree to hold harmless and indemnify the Academy for any liability, loss or other damage that is the result of any activity.

Parent/Guardian signature: _____ Date _____ (Player signature) if 18 years of age or older _____ Date _____

Register this player for the: 1st Session _____ 2nd Session _____ 3rd Session _____ I am paying for all 3 sessions Amount: _____

This payment is also to pay for my other son/s _____ Grade/s _____ Daughter/s _____ Grade/s _____

1st Session Team Fee _____ Individual: _____ Check # _____ Amount: \$ _____ Balance: \$ _____ How many Player/s _____

2nd Session Team Fee _____ Individual: _____ Check # _____ Amount: \$ _____ Balance: \$ _____ How many Player/s _____

3rd Session Team Fee _____ Individual: _____ Check # _____ Amount: \$ _____ Balance: \$ _____ How many Player/s _____

Make checks payable to: the Soccer Centre for Indoor Leagues Games Including a Waiver

Attn: you do not need to turn in a Waiver for the 2nd and 3rd session if you already turned one in for the 1st session

Mail to: 412 E Moneta Ave., Peoria Heights, Illinois 61616 Phone: 309- 397-9209

