

# Aurora Arsenal Soccer Club

## ADULT RECREATION LEAGUE 2009 REGISTRATION FORM

Please complete this form and return it along with your check for \$55.00 (\$65.00 after **June 5<sup>th</sup>**) payable to "Aurora Arsenal" to Aurora Arsenal Adult Rec. League, P.O. Box 132, East Aurora, NY 14052

### PLAYER INFORMATION:

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY & ZIP CODE \_\_\_\_\_  
MAILING ADDRESS (if different) \_\_\_\_\_ CITY & ZIP CODE \_\_\_\_\_  
PHONE # \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### **IMPORTANT- PLEASE COMPLETE**

LIST SOCCER EXPERIENCE (High School, College, None):  
\_\_\_\_\_  
\_\_\_\_\_

RATE YOURSELF (#1 Being Highly Skilled, #5 No Experience)

Check One: 

1	2	3	4	5
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I can be a team manager/coach Yes/No \_\_\_\_\_  
Team Jersey Size (Please circle one) Small Medium Large X-Large XX-Large

List Any Medical Problems or  
Restrictions \_\_\_\_\_

Person to notify in an emergency \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor to notify in an emergency \_\_\_\_\_ Phone \_\_\_\_\_

### **RELEASE AND CONSENT FOR MEDICAL TREATMENT**

I, \_\_\_\_\_, hereby agree to abide by all rules, regulations, laws and ordinances of the Aurora Arsenal Soccer Club, Inc., ("Aurora Arsenal"), its affiliated organizations and sponsors ("Sponsors"), the Town of Aurora ("Town") and The New York State Office of Parks, Recreation and Historic Preservation ("Parks"). Recognizing that participation in the Aurora Arsenal Adult Recreation Soccer League ("League") is a voluntary physical activity which may be rigorous and hazardous to my health and safety, including the possibility of physical injury, and in consideration of the Aurora Arsenal accepting me for participation in the League, I hereby agree to release, discharge, defend, indemnify, and otherwise hold harmless, the Aurora Arsenal, its Sponsors, the Town and Parks, from and against any and all claims, actions, causes of action, or suits, arising out of or resulting from my participation in the League, including my transportation to or from participation in the League as well as for emergency medical or dental care, which I hereby authorize. In this regard, I hereby give my consent for such emergency medical or dental care as deemed appropriate by a duly licensed Paramedic, Doctor of Medicine, and Doctor of Dentistry for injuries sustained as a result of my participation in the League.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_

Participant(s) name: \_\_\_\_\_  
CLUB USE ONLY  
PAYMENT RECEIVED \$ \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
CASH CHECK # \_\_\_\_\_  
NOTE: \_\_\_\_\_