



Aurora Arsenal Soccer



ADULT RECREATION LEAGUE 2011 REGISTRATION FORM

Please complete this form and return it along with your check for \$55.00 (\$65.00 after **June 14th**) 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 # _____ CELL # _____ MALE _____ FEMALE _____
BIRTHDATE ___/___/___ E-MAIL ADDRESS _____

IMPORTANT- PLEASE COMPLETE

LIST SOCCER EXPERIENCE (circle all that apply) High School, College, Adult Competitive, Adult Rec, Sahlen's Leagues
Other: _____

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

Circle one: 1 2 3 4 5

I wish to play goal keeper never sometimes half the time most of the time

I can be a team manager/coach Yes No

Team Jersey Size 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: _____

CLUB USE ONLY
PAYMENT RECEIVED \$ _____ DATE: ___/___/___
CASH CHECK # _____ NOTE: _____