

Aurora Arsenal Soccer Club

ADULT RECREATION LEAGUE - REGISTRATION FORM 2008 SEASON

Please Complete this form and return it along with your check for \$50 (\$60 after May 20, 2008) payable to "Aurora Arsenal" to:
Aurora Arsenal Adult Recreation League, PO Box 132, East Aurora, NY 14052

PLAYER INFORMATION:

PLAYER NAME (PRINT): _____
STREET ADDRESS (PRINT): _____ CITY: _____
MAILING ADDRESS: _____ CITY: _____
(if different)
STATE: _____ ZIP _____ TELEPHONE _____ MALE _____ FEMALE _____
BIRTH DATE: ___/___/___ PRIMARY E-MAIL ADDRESS _____

IMPORTANT (PLEASE FILL OUT)

LIST SOCCER EXPERIENCE (i.e. COLLEGE / HIGH SCHOOL / OTHER REC LEAGUES / NONE):

RATING SYSTEM : (#1 Being Experienced and #5 having never touched a soccer ball before)

Check One:

1	2	3	4	5

I will volunteer : TEAM MANAGER/COACH _____ FIELD PREPARATION _____ Other _____

TEAM JERSEY (Check One) SIZE SMALL _____ MEDIUM _____ LARGE _____ XL _____ XXL _____

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 connection, 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 Denistry for injuries sustained as a result of my participation in the League.

Name: _____ Date: _____ Signature: _____
(print)

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