Soccer Central Indoor Soccer Adult Player Registration Form

Date of Birth

Player Information (Please Print):

First Last

Name _____ _____ Gender _____

Address _____

City _____ Zip _____

Home Phone # _____ Work Phone # _____

Emergency Contact:

Name First, Last _____ Phone # _____

Do you have medical insurance? Yes ❑ No ❑ (Soccer Central does NOT provide Medical or Dental coverage)

RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

I, THE REGISTRANT PLAYER, AM FAMILIAR WITH THE NATURE OF SOCCER AND INDOOR SOCCER. I UNDERSTAND THAT PARTICIPATION IN INDOOR SOCCER CAN BE DANGEROUS AND COULD POSSIBLY LEAD TO MINOR INJURIES, BROKEN BONES, BRAIN DAMAGE, INJURY TO INTERNAL ORGANS AND/OR PARTS OF THE BODY, SERIOUS SPINAL INJURIES, PARAPLEGIA, PERMANENT INJURY AND DEATH. THESE SERIOUS AND PERMANENT BODILY INJURIES COULD IMPAIR LEARNING ABILITY, ABILITY TO EARN INCOME AND GENERAL ENJOYMENT OF LIFE.

I ACCEPT THAT SOCCER CENTRAL IS ONLY PROVIDING AN OPPORTUNITY TO USE AN INDOOR ATHLETIC FACILITY. IN CONSIDERATION FOR THE PRIVILEGE TO USE THIS FACILITY I, AND ON BEHALF OF MY HEIRS, ASSIGNS, AND THE NEXT OF KIN, RELEASE, INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE SOCCER CENTRAL, ITS STAFF, AGENTS, OWNERS, OFFICERS, PROPERTY OWNERS, LEAGUE DIRECTORS, OFFICIALS, SPONSORS AND ANY OTHERS HAVING AN INTEREST IN THE FACILITY FROM ALL LIABILITY, NEGLIGENCE, CAUSES OF ACTION, CLAIMS, DEMANDS AND DAMAGES OF EVERY KIND WHICH MAY ARISE OUT OF PARTICIPATION IN ANY AND ALL ACTIVITIES AT THIS FACILITY.

I WILL FAMILIARIZE MYSELF WITH THE RULES OF THE GAME AND OF THE FACILITY, AND WILL TO THE BEST OF MY ABILITY PLAY UNDER CONTROL AND AVOID INJURY TO MYSELF AND OTHER PERSONS USING THE FACILITY. I UNDERSTAND THAT THE MY MEMBERSHIP MAY BE REVOKED FOR VIOLATION OF FACILITY RULES.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature : _____

Name (Print) _____ Today's Date _____

CONSENT FOR MEDICAL TREATMENT

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve my life, limb or well-being.

Signature _____ Today's Date _____ Member # _____

For Office Use Only.

Check # _____
Cash $
VISA / MC

Amount paid $ _____

Transaction # _____

Today's Date _____

Team Name: _____

Division: _____

League: _____

Return Form to Arena or Mail it to:
Soccer Central Po Box 1200
Watsonville Ca, 95077

Registration or Member Type:
New ☐
Renewal ☐
PickUp Only ☐
Guest Pass ☐
Player Pass Only ☐

Staff Initials _____
Card issue date _____

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