Indoor Soccer Leagues
Wednesday Nights – 6 Games
Starts November 3, 2010
Games: Nov 3, 10, 17 & Dec 1, 8, 15 (No Games Nov 24 for Thanksgiving & Playoffs starts Dec 15)

First Name _____ Last Name _____ Date of Birth _____ Gender _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Parents Names (if under 18) _____ School (if applicable) _____

( ) _____ ( ) _____ ( ) _____
Home Phone Work Phone Cell Phone

Email Address _____

Alternate Emergency Contact: Name _____ Phone _____ Relation _____

Registration Information

*If you are registering a team, individual payments from each team member will **not be accepted**.*
PLAY FOR EITHER TEAM OR INDIVIDUAL WILL NOT BE ALLOWED UNTIL ALL MONIES ARE PAID IN FULL!

League: ◯ Individual Registration $45 ◯ Team Registration $350 _____
Maximum 8-players per team Team Name

Payment Information

Payment must receive before game play or lessons can begin. Credit Card charges appear as Somerset.

$ _____
Amount Payment Method (Cash/Check/Credit Card) Credit Card/Check Number

Disclaimer/Waiver

I (or guardian of participant, if a minor) hereby give my consent and agree to release, indemnify, and hold harmless Sports Blast L.L.C. and all personnel including referees, staff managements, scorekeeper and owners from any claim arising from personal injury or property damage to the named individual. I understand that Sports Blast L.L.C. does not carry insurance to cover participants in the activity of which I am registered. I understand the hardness of the playing surfaces and dasher-boards, and the roughness of the sport. I grant Sports Blast L.L.C. the right to photograph or video the players in participation in soccer activities, and to use the photographers or video in future brochures and, or commercials.

GUARANTEE OF COMPLIANCE TO RULES OF THE SPORTS BLAST L.L.C. In the event of any dispute arising the undersigned agrees to abide with all Sports Blast L.L.C rules, policies, and Officials. Sports Blast L.L.C. reserves the right to impose restrictions and or penalties as a result of noncompliance with Sports Blast L.L.C. rules and policies. Copies of the rules and policies are available at the request of the undersigned in the office of Sports Blast L.L.C. ALL FEES ARE NON-REFUNDABLE

EMERGENCY AUTHORIZATION

I (parent or guardian of participant, if a minor), do hereby authorize the coaches, assistants, staffs and , or parents of team members to act in capacity of activity supervisors as agents for the undersigned to consent to medical, surgical, or dental examination or treatment, etc... in case of emergency. I hereby authorize treatment and, or care of registered player in any hospital and by medical physician. If there is an emergency and I cannot be reached, please contact the following emergency name and telephone number (family, friend or neighbor).

_____ _____
Signature (Parent or Legal Guardian if a minor) Date

1215 East Walnut, Carbondale 529-5511