

# SOUTH BRUNSWICK ADULT SOCCER LEAGUE (SBASL)

## REGISTRATION FORM and Player Waiver, Release of Liability Agreement

<b>FIRST NAME</b>			
<b>LAST NAME</b>			
<b>STREET ADDRESS</b>			
<b>TOWN</b>		<b>STATE</b>	<b>ZIP</b>
<b>BIRTHDATE</b>	<b>YEAR-END AGE</b>	<b>SEX M / F</b>	
<b>HOME PHONE</b>	<b>WORK PHONE</b>		
<b>CELL PHONE/PAGER</b>	<b>T-SHIRT SIZE L, XL, XXL,M</b>		
<b>E:MAIL preferred</b>			
<b>E:MAIL alternate</b>			
<b>PRIOR LEVEL OF PLAY H.S. COLL. ETC.</b>			
<b>COLLEGE ATTENDED</b>		<b>FAVORITE TEAM</b>	
<b>POSITION</b>			
<b>COUNTRY OF BIRTH</b>			
<b>MED/HOSP INSURANCE PROVIDER</b>			
<b>EMERGENCY CONTACT NAME</b>			
<b>EMERGENCY CONTACT TEL #</b>		<b>INSURANCE POLICY #</b>	
<b>EMPLOYER'S NAME</b>			
<b>POSITION WITH COMPANY</b>			

ARE YOU A REFEREE     CAN YOU PLAY IN THE GOAL

can you think of a SPONSOR FOR A TEAM? \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK:** I, the registrant will abide by the rules of the South Brunswick Adult Soccer League. Recognizing the possibility of physical injury and or possible permanent injury, disability or even death associated with soccer, I hereby release, discharge and/or otherwise indemnify the South Brunswick Adult Soccer League, its owners, its affiliated organizations and sponsors, their employees and board members, including the owners of the fields and facilities utilized for the games, against any claim by or on behalf of the registrant as a result of the registrant's participation in the games or any related activities. THERE IS NO MEDICAL OR DENTAL INSURANCE. PLAYERS ARE RESPONSIBLE FOR ANY MEDICAL/DENTAL COSTS RELATED TO SOCCER INJURIES WHILE PLAYING SOCCER.

I, THE PLAYER HAVE READ AND AGREE TO ABIDE BY THE RULES, REGULATION AND CODE OF CONDUCT OF THE SOUTH BRUNSWICK ADULT SOCCER LEAGUE.

**SIGNATURE OF PLAYER:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARTICIPANTS MUST BE 19 YEARS OR OLDER. or Parent/Guradian must read and sign**