



SIMI VALLEY INDOOR SOCCER LEAGUE

PLAYER REGISTRATION #

YOUTH PLAYER REGISTRATION

(1)

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ SEX _____ AGE _____ BIRTHDATE _____

(2)

FATHER'S NAME _____ MOTHER'S NAME _____

HOME PHONE # _____ CELL PHONE # _____

ALTERNATE CELL PHONE # _____ EMAIL _____

LIST ANY MEDICAL PROBLEMAS OR PROHIBITIONS PLAYER HAS:

DOCTOR TO NOTIFY IN EMERGENCY _____ PHONE# _____

PERSON TO NOTIFY IN EMERGENCY _____ PHONE# _____

INDOOR SOCCER EXPERIENCE: YES ___ NO ___ NUMBER OF SEASONS PLAYED _____

OUTDOOR SOCCER EXPERIENCE: YES ___ NO ___ NUMBER OF SEASONS PLAYED _____

WE ASK FOR ACTIVE PARTICIPATION FROM ALL PARENTS: Check areas in which you would be willing to help

(COACH) (ASST COACH) (REFEREE) (TEAM PARENT) (OTHER) _____

(3)

I, the parent / guardian of the registrant, a minor, hereby give consent and agree to release, indemnify, and hold harmless Ajax FC, it's affiliated organizations, sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for Programs / Leagues, against any claim by or on behalf of the registrant / player as a result of participation in this program / league. I understand the hardness of the playing surfaces and that this is a contact sport and the nature of the roughness of the sport. I hereby give my 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 the life, limb or well-being of my dependent. If there is an emergency I do hereby authorize the coaches, assistants, staff or parents associated with the league to act in capacity as agents for the undersigned registered player.

NAME PARENT / LEGAL GUARDIAN (Print): _____

SIGNATURE _____ DATE _____

OFFICIAL USE

Registration fee:

\$ _____

Amount Paid:

\$ _____

Cash _____ or

Check # _____