

# Lincoln Christian University High School Indoor Soccer



## INDIVIDUAL REGISTRATION FORM

**RESTRATION FEE: \$30    REGISTRATION DEADLINE: See Below**  
Session One Deadline: October 26<sup>th</sup>      Session Two Deadline: January 4<sup>th</sup>

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_

### **Required Waiver and Release of Liability**

I understand that there are risks involved in participating in an Indoor Soccer League. I agree that Lincoln Christian University shall not be liable for any injury I incur while participating in the High School Indoor Soccer League. I agree to assume all risks, and release and hold harmless Lincoln Christian University, their staff and their volunteers from all liability, claims, obligations, demands and damages of any kind which may arise out of my participation in the league.

I understand that participation is voluntary, and I freely choose to participate. I have read the above information thoroughly and voluntarily agree to the terms and conditions.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Printed Name of Player

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name of Parent  
(Must have if Player is under 18)

\_\_\_\_\_  
Signature of Parent  
(Must sign if Player is under 18)

***\*THIS FORM MUST BE SIGNED AND COMPLETED IN ORDER TO PARTICIPATE***

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