



Men, Women & Co-ed Soccer Registration Form

Name of Participant: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

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Circle One: Men's League Women's League Co-Ed League

Registration Fee: \$65 per player includes a team shirt

If you play on a second team then the cost for the second team is \$45 per player.

Requested Team or Teammates _____

Covenant Not to Sue and Medical Treatment Authorization

The undersigned understands that soccer is a rough and fast paced sport with high risk for serious physical injury, including possible death, which is hereby voluntarily assumed. In consideration of the participants acceptance into this league, the undersigned does hereby release and forever discharge all entities/persons affiliated with this organization (including, but not limited to Savannah Soccer LLC and any of its officers, referees, coaches, volunteers, and sponsors) from any and all claims for damages or injuries which may be suffered by the participant now or in the future as a result of the negligence of Savannah Soccer LLC or any agent thereof or the negligence of other participants, or other occurrences at any league or event held by Savannah Soccer LLC. The undersigned hereby agrees to indemnify and to hold the foregoing entities/persons harmless from such claims by or on behalf of the participant arising now or in the future. The undersigned hereby certifies that to the best of his or her knowledge and belief, the participant is in good physical condition and has no disease or injury that will be aggravated or cause harm to the participant or others in the league or event.

In case of emergency or injury, I hereby authorize Savannah Soccer LLC to seek medical attention for the participant. All related costs will be the responsibility of the participant and/or guardian.

The undersigned certifies that he/she has read the foregoing, understands the terms set forth herein, and agrees to be bound by the same:

Signature of Participant _____

Payment (for office only)

League Fee _____ Cash _____ Check # _____