

Facility:

ARENA SOCCER PARKS

Registra. #

APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT PAYMENT

WAIVER OF LIABILITY AND DISCLAIMER

I/we (parents or guardian if applicable) hereby give my/our consent and agree to release, indemnify and hold harmless ARENA SOCCER PARKS, L.P. and all personnel, including officials, staff, representatives and owners, from any claim arising out of any injury to the named individual. I understand the hardness of the playing surfaces and dasher boards, the different & unique playing characteristics of artificial turf when wet and dry (as opposed to grass), and the roughness of the sport. I grant Arena Soccer Parks, L.P. the right to photograph the player's participation in soccer activities and to use the photographs in future brochures. *There will be NO REFUNDS after the first pee-wee game or evaluation!*

Player's Name (print)

Male or Female

Child's Date of Birth

 Male Female

Parent's Signature: _____ Date: _____

MOTHER'S FIRST NAME

FATHER'S FIRST NAME

STREET ADDRESS

HOME PHONE #

CITY

ZIP CODE

WORK PHONE #

E-MAIL ADDRESS:

PLEASE RATE YOUR CHILD'S SOCCER ABILITY: (PLEASE CHECK ONE)

- BEGINNER: May struggle due to lack of experience or timid nature.
- INTERMEDIATE: Good athlete or average soccer ability.
- ADVANCED: Extremely aggressive athlete or advanced soccer ability.

REQUEST ONE PLAYER TO PLAY WITH (ONE ONLY): _____

Would you be interested in any of the following at the Arena? Adult Leagues (Beginning or Advanced) / Having a Birthday Party

ARE YOU INTERESTED IN COACHING A YOUTH ARENA SOCCER TEAM?? Yes NO

How did you hear about us? Friend? Freeway Sign? Flyer from School? Commercial? Post Card? Splash Game? Other _____

EMERGENCY AUTHORIZATION

I/We the undersigned, parents or guardian of the participant, a minor, do hereby authorize the coaches, assistants, staff, or parents of team members acting in capacity of activity supervisors, as Agents for the undersigned do hereby consent to medical, surgical, or dental examination or treatment, etc. In case of emergency, I/we hereby authorize treatment and/or care of registered player in ANY hospital and by any medical physician. If there is an emergency and I/we cannot be reached, please contact: EMERGENCY NAME AND ADDRESS ONLY (friend, relative, or neighbor):

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Family Doctor: _____ Phone: _____

Allergies / Medications: _____

Health Insurance Co. Name: _____ Policy #: _____

AUTHORIZATION OF EMERGENCY CARE AND ACKNOWLEDGEMENT OF DISCLAIMER

Parent's Signature: _____ Date: _____

OFFICE USE ONLY:

AMOUNT PAID _____ RECEIPT # _____ LEAGUE DAY _____ SESSION _____ EMPL. INT. _____

*** SORRY NO REFUNDS AFTER THE FIRST GAME. PLEASE CALL US IF YOU HAVE ANY QUESTIONS!!! Thank you . . .

ARENA SOCCER PARKS, L.P. (888) ARENA-4U