



# INTERCITIES SOCCER LEAGUE

**TEAM:** \_\_\_\_\_ **SCORE** \_\_\_\_\_ **OPPONENT:** \_\_\_\_\_

**DIV:** \_\_\_\_\_ **FIELD:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COACH:** \_\_\_\_\_ **REFEREE:** \_\_\_\_\_ **CAPTAIN #** \_\_\_\_\_

#	PLAYERS NAME	PLAYERS SIGNATURE	NUMBER	GOALS
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### INTERCITIES SOCCER LEAGUE WAIVER

**We, the registrant, player and the registrant's legal parent or guardian, hereby agree and acknowledge the following:**

**1:** We agree to abide by the rules of InterCities Soccer League AKA Perris Inter Soccer League and it affiliated organizations and sponsors.**2:** We recognize the inherent risk of serious or permanent physical injury and possible death associated with soccer activities and games. In consideration for InterCities Soccer League accepting the youth or adult player's registration and participation in its sanctioned soccer leagues, tournaments and team travel activities, we hereby release, discharge and/or otherwise indemnify and hold harmless InterCities Soccer League and it's affiliated organizations, and sponsors, volunteers, their employees and associated personnel including the owners of fields and facilities utilized for the Youth & Adult Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the soccer program and or being transported to or from the same, which transportation we hereby authorize.

**3:** We authorize verification of the registrant's date of birth from legal records to be provided to a InterCities Soccer League authorized representative for the limited purpose of verifying the InterCities Soccer Leagues players age and identity.

**4:** We consent to emergency medical care prescribed by a duly licensed health care provider or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all cost associated with such treatment.

**5:** We consent to InterCities Soccer League taking photographs, video recordings, and or sound recordings in documenting the activities of InterCities Soccer League programs or services. We hereby grant InterCities Soccer League and their affiliates permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same InterCities Soccer League and its affiliates educational and promotional purposes in manuals, on flyers, the internet, or other publications. **We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.**

# REFEREE REPORT

DATE \_\_\_\_\_

	VS	
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CREDENTIALS: YES / NO VS CREDENTIALS: YES / NO

CAOCHES ID: YES / NO VS CAOCHES ID: YES / NO

COMPLETE UNIFORMS: YES / NO VS COMPLETE UNIFORMS: YES / NO

DIVISIONS: 7vs7 VARONIL / 7vs7 FEMENIL / PREMIER DOM. / MAYOR DOM.

DIV: 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18

INDOOR: FEM MAYOR / COED / ESPECIAL / MAYOR / FEM ESP / 1RA / OVER 40  
INDOOR KIDS \_\_\_\_\_

COACHES CONDUCT: GOOD \_\_\_\_\_ REG \_\_\_\_\_ BAD \_\_\_\_\_  
PLAYERS CONDUCT: GOOD \_\_\_\_\_ REG \_\_\_\_\_ BAD \_\_\_\_\_

### YELLOW CARDS:

TEAM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TEAM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### RED CARDS:

TEAM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TEAM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

REPORT: \_\_\_\_\_

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REFEREE SIGNATURE: \_\_\_\_\_