



# METROPLEX PREMIER LEAGUE PLAYER APPLICATION FORM

\*Club Name \_\_\_\_\_

\*DIVISION \_\_\_\_\_

## PLAYER'S INFORMATION

Jersey # \_\_\_\_\_

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Birth Date: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip: \_\_\_\_\_

Home Phone : ( ) \_\_\_\_\_

\*Cell Phone: ( ) \_\_\_\_\_

Other Phone: ( ) \_\_\_\_\_

Passport / Foreign Government ID/ Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_

\*Email: \_\_\_\_\_

Please list any allergies or other medical conditions: \_\_\_\_\_

## In an emergency, please contact the following:

Name \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

## LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization.

I hereby release, discharge, and otherwise indemnify my club and team, METROPLEX PREMIER LEAGUE, their sponsors, and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in METROPLEX PREMIER LEAGUE programs and competitions.

*Player's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**NOTE:** Any players (17 or younger) competing on an adult team must submit proof of birth and parent/legal guardian signature on this form.

I, \_\_\_\_\_ [print name] give my approval for player named on this form to compete on an adult team.

*Parent's Signature (if necessary)* \_\_\_\_\_ *Date* \_\_\_\_\_

Form MPL-REGPLAYER01

Online Payment through Metroplex Premier League website:

[www.metroplexpremierleague.com](http://www.metroplexpremierleague.com)

under **Player Payment** Tab

\$15.00 Per Player Per Season

Email form to [mpl@metroplexpremierleague.com](mailto:mpl@metroplexpremierleague.com) or give it to your Club Manager to send to league.