PROGRAM REGISTRATION FORM - ADULT

Atlante San Diego FC

PARTICIPANT INFORMATION				*R	Required Field
*First Name	MI	*Last Name		*Date of Birth	Age
*Address		*City		*Zip	
*Home Phone	*M	obile Phone		Work phone	
		м/	F		
*Email		Gende	_		
EMERGENCY CONTACT					
First Name	Last Name		Phone Number		-
ADULT WAIVER					
I understand and agree to abide by the rules to cover participants in the activity in which				•	•
Atlante San Diego FC, its officers, agents an	d employees, form any a	ctions, suit, damages, claims or	judgments that may result	t from any personal injurie	es or property
damages that I may sustain while using Atla agree to indemnify, defend and hold harmle	ess Atlante San Diego FC,	its officers, agents and employe	ees from any and all loss, d	lamage, liability, cost or ex	pense, arising
out of or resulting from the use of equipment or raised out of any acts or omissions of Atla			9		•
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Participant Signature		D	ate		