



PLAYER REGISTRATION & WAIVER

Player Information

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date of Birth _____ Age _____ Male Female

Mothers Name _____ Telephone _____

Fathers Name _____ Telephone _____

Contact Email _____

Please list any medical conditions _____

T-Shirt Size (circle one) YS YM YL AS AM AL AXL

\$50 monthly membership. \$100 for the first month to include player starter package.

PARENTAL CONSENT

I, the parent or legal guardian of _____, a participant in All Play Soccer Club, Inc., does hereby grant permission for his/her participation in any and all All Play Soccer Club, Inc. activities.

RELEASE FROM LIABILITY

I agree to assume all risks and hazards of my child incidental to participation in All Play Soccer Club, Inc. activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, All Play Soccer Club, Inc., the officers, directors, coaches, sponsors, volunteers, participants, and persons and/or companies transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause, including Covid-19.

Parent Name _____

Parent Signature _____ Date _____