



Registration Form - Let's Play Futsal - Experience The Excitement!

Samoa or Scotia program _____

T-Shirt Size: (circle one)
 YOUTH: S M L
 ADULT: S M L XL 2XL

Late registrations will be accepted on a first come, first serve basis until leagues and teams are full. T-shirts will be ordered 3 weeks before start of session. (optional)

PLEASE NOTE: Shin guards, athletic shoes, soccer socks, & shorts are required. League Team T-shirt provided.
Youth Leagues— Saturdays & Sundays
Adult Leagues - Monday-Thursday eve.
 HS League - Friday eve.
Scotia Leagues— Saturdays only

PLAYER EXPERIENCE (check one)
 Beginner (just starting to play soccer) _____
 Intermediate (plays on outdoor recreational team) _____
 Advanced (plays on outdoor Class 1 or 3 teams) _____
Registered Before Y ___ N ___

FEES: KinderFutsal/Juniorfutsal programs \$65.00
 Youth: \$60.00 Adult Coed & Women's: \$60.00
 Men's: \$70.00 (Make check payable to Inside Sports)
 Amt of Pmt:\$ _____ Cash Check # _____
 Mastercard Visa Exp. Date: _____
 Card# _____

Name of Player: _____ Male / Female Birthdate: ___ __ __

Address: _____ City: _____ Zip: _____

Hm Ph#: _____ Wk Ph#: _____ Have you Moved? Y N (HUM)

Email: _____ (A DIVISION BECOMES COED IF FEWER THAN 4 TEAMS PER GENDER/AGE CATEGORY.)

CATEGORY	(check)
KinderFutsal (4 to 6 years)	_____
JuniorFutsal (6 to 8 years)	_____
U8 (6 to 7 years)	_____
U10 (8 to 9 years)	_____
U12 (10 to 11 years)	_____
U14 (12 to 13 years)	_____
High School League	_____
Coed	_____
Women 's League	_____
Men 's League	_____
Special class (list title)	_____

ARE YOU SIGNING UP AS A TEAM? Y N Coaches Name _____
 Team Packets available at: www.INSIDESPORTS.WS or call 839-6554

PUBLICITY PHOTOS: (Please circle the appropriate response and date your signature.) I do/do not give my permission to have photos/and or videotapes taken of my child 's or my participation in Inside Sports programs for the purpose of advertising and publicizing the organization and its programs/activities.

Signature _____ Date _____

SPECIAL REQUESTS: We will consider your request when forming teams. We cannot guarantee your request will be accommodated. (Phone-in requests will not be accepted.)

Request: _____ If we can't meet your request, shall we cancel your registration? Y N

Father 's Name _____ Ph _____
 Mother 's Name _____ Ph _____
 List any medical problems or prohibitions player has _____

 Family Doctor _____ Ph _____
 Emergency Contact _____ Ph _____

CONSENT FOR MEDICAL TREATMENT (MINOR) As the Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.
 Signature _____ Date: _____
 (Parent or Legal Guardian)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any way in the Inside Sports Futsal activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

- ACKNOWLEDGE, agree, and represent that I understand the nature of Inside Sports Futsal Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- FULLY UNDERSTAND THAT: (a) INSIDE SPORTS FUTSAL ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Inside Sports, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

MINOR RELEASE AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF INSIDE SPORTS FUTSAL ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____ Address: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ Signature _____ Date: _____