

## Monroe County Parks and Recreation 2021 Thursday Night 6v6 Adult Soccer Team Registration Form

TEAM NAME \_\_\_\_\_ SEASON (spring, summer, fall) \_\_\_\_\_ YEAR \_\_\_\_\_

Team Captain \_\_\_\_\_ Alternate Captain \_\_\_\_\_  
 As team captain, I promise to make sure that all players who represent my team on the field have filled out the proper information, have been informed of league rules and have signed a waiver.

**Entry fee- Spring (8 games) \$640, Summer (8 games) \$640, Fall (5 games) \$400**  
 Please make checks payable to **Monroe County Parks and Recreation**

**CONSENT FOR SERVICES AND GENERAL RELEASE**

I understand that **myself or my child(ren) is/are not covered under any medical insurance** through the County of Monroe, or through the Monroe County Parks and Recreation Department. I recognize that because of the nature of this activity that an injury might be sustained. In the event of an injury or illness to myself or to my child(ren), I give my permission to call for ambulance or emergency personnel, and agree to pay the usual and customary charges for such services. In the event of an injury or illness to myself or to my child(ren), if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as is medically necessary, and agree to pay the usual and customary charges for such treatment. I now release the County of Monroe, the Monroe County Parks & Recreation Department, its employees, volunteers, agents, sponsors, officers, independent contractors, vendors and assigns for any personal injuries or damages to any personal property caused by or having any relation to this activity. I understand that this release applies to both present and future injuries or damages, and that it binds my heirs, executors and administrators. I understand that participants may be videotaped and/or photographed during this activity and assign and transfer all right, title and interest in any film footage/prints to Monroe County Parks & Recreation for advertising purposes.

I have read this Consent for Services and General Release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. Participants under the age of 18 years require the signature of a parent or legal guardian.

#	Print Name	Signature <small>(I have read the waiver above and agree with its conditions)</small>	Date	E-Mail Address	Phone
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2.					
3.					
4.					
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10.					