



## 2017 Fall Adult Short Field Soccer Individual Registration Form

**COST: \$50 PER PLAYER**

**E-MAIL REGISTRATION FORM TO [ADULTSPORTS@PLANO.GOV](mailto:ADULTSPORTS@PLANO.GOV) OR**

**FAX REGISTRATION FORM TO 972-941-7469 OR**

**SUBMIT IN PERSON @ THE ADULT SPORTS ADMINISTRATIVE OFFICE MONDAY LOCATED AT 5901 LOS RIOS – FRIDAY 8:00 AM – 5:00 PM**

**PAYMENT: PLEASE CALL THE ADULT SPORTS ADMINISTRATIVE OFFICE AT 972-941-5275 TO PROVIDE YOUR PAYMENT INFORMATION (VISA, MC, AMEX, DISCOVER) OVER THE PHONE, UNLESS YOU ARE SUBMITTING YOUR FORM IN PERSON AT THE LOCATION LISTED ABOVE. CASH AND CHECKS ARE ALSO ACCEPTED, HOWEVER, CHECKS MAY NOT BE MAILED IN.**

**IMPORTANT: YOU WILL NOT BE REGISTERED UNTIL WE HAVE RECEIVED YOUR PAYMENT INFORMATION**

FULL NAME (AS IT READS ON BIRTH CERT): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE: \_\_\_\_ FEMALE: \_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**Place an 'X' by your desired division**

<b>Mens - Competitive</b>	<b>Mens – Recreational</b>	<b>Coed</b>



## PARTICIPANT WAIVER

### and RELEASE and INDEMNIFICATION AGREEMENT

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.

2. I hereby waive, release, indemnify, defend and hold harmless the City of Plano and all of its officials, employees, officers and agents (both in their public and private capacities) from any and all liability, claims, suits, demands and causes of action (expressly including, but not limited to, all expenses of litigation and settlement) which are related to or arise by reason of (1) bodily injury, up to and including death, suffered by me or any other person or (2) loss of, loss of use of, or damage to any property, when such bodily injury or property loss arises out of, results from, or is occasioned by any act of error, omission or negligence by me or any other person (expressly including but not limited to all officials, employees, officers and agents of the City of Plano) when such act arises out of, results from, or is connected with my participation in the City of Plano Program(s) registered for herein.

3. I will, without limitation, assume and pay all medical and emergency expenses in the event of an accident, injury, illness, or other incapacity, regardless of whether I have authorized such expense.

4. I agree that City, its officials, employees, agents, and representatives have the authority to use pictures of me taken at any City of Plano event. The pictures may be taken and used without my knowledge or payment to me.

Participant Name (Printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E-MAIL COMPLETED WAIVER TO ADULTSPORTS@PLANO.GOV**