



SPORTSPLEX

ST. CHARLES

1400 Foundry Street
St Charles, IL 60174

Team Name

Coach Name

Telephone

E-mail

I, the undersigned (if participant is 18 years or older) or parent/guardian of the below listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve: risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume tall the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants not to sue and/ or otherwise indemnify the Soccer Success Inc, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including owners and leasers of premises used to conduct the event, all of which are here in after referred to as "releases," from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Program and /or being transported to or from the same, which transportation I hereby authorize. The participant has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby give my consent to have an athletic trainer, coach and/ or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and / or treatment and also agree to be financially responsible for the cost of such assistance and/ or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim, or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases, I have read the above waiver/ release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily

	Player Name	Street	City	Zip	E-mail	Phone	Date of Birth	Parent/Guardian Signature
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18								

Amount: \$ Check Visa MC DISC.

Card #: _____ Exp. Date: _____

Authorized Signature: _____

Make checks payable to: **Soccer Success, Inc.**

Mail registrations and payment to:

Sportsplex of St. Charles, 1400 Foundry Street, St. Charles, IL 60174

Tel: (630) 762-8100

www.sportsplexstc.net

Fax: (630) 762-8103