



Souderton Intramural Soccer League



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Name

Birth Date

Sex

Address

Phone No.

City

State

Zip Code

Social Security No.

Yrs of Intramural Soccer

Yrs of Travel Soccer

Mother's Name

Father's Name

Emergency Contact

Phone

Medical Information

Requests: (Coach/Player) ****List** if you are coaching your child **OR** if a sponsor belongs with your child ******

Maximum of two (2) requests; be it players or coach. List in order of priority. Third request will not be honored !!!

NOTE: Requests will be honored to the best of our ability. However they are requests and **Not Guarantees.** Unfortunately, if your requests are not on this form at time of registration, they will not be able to be honored.

I/We the parent(s)/guardian(s) of the above player hereby give my/our approval to his/her participation in the activities of this League during the 2008 season. I/We assume all risks and hazards incidental to his/her participation in these activities. I/We further release, absolve, indemnify and hold harmless SISL, SASA, the organizers, sponsors and supervisors in the case of injury to my child. I/We hereby waive claims against the SISL, SASA the organizers, sponsors or any of the supervisors appointed by them. I/We will furnish a birth certificate for the above child upon request of the League Officials. **I/We understand all information listed on this form and agree to same.**

Parent's/Guardian's Signature

TOTAL \$\$

No Refunds !!

Size =

Sort Number =