MIXED ADULT INDOOR 2011/12

Please circle selection

Player Rating
1(experienced)
2 (above average)
3(average)
4 (below average)
5 (new)

Goalkeeper
Yes/No

PLAYER INFORMATION (Please print all info)

First Name:_____ Last Name:_____

Gender (please circle selection): **MALE** **FEMALE**

Address:_____
No. / Apt. Street City Prov. Postal Code

Home Phone:_____ Alternate Phone:_____

E-Mail: (Our primary source of communication) _____

MIXED ADULT LEAGUE REGISTRATION

ADULT MIXED LEAGUE REGISTRATION	**$ 125.00**	
	TOTAL	

Paid by: ☐ CASH ☐ CHEQUE # _____ ☐ DEBIT CARD ☐ CREDIT CARD Receipt #_____

QYSA accepts cheques made payable to Quesnel Youth Soccer Association. NSF service charge of $25.00 will apply. Refunds less expenses and a $20.00 administrative fee will be issued with **medical notes only**.
MS _____ Date _____

WAIVER & RELEASE/PLAYER REGISTRATION

Quesnel Mixed Soccer Association

In consideration of the acceptance of this entry to play soccer in the Quesnel Mixed Soccer League, I, for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury, death or damage, and release the Quesnel Mixed Soccer League, its executive, the members of the executive and all other organizers, sponsors, representatives, their agents and employees and any other person or organization assisting in any of the games played from any claims for claims of damages, injury, or death howsoever such physical, emotional, or psychological injury and or death occurs, including having arisen by reason of negligence of the Quesnel Mixed Soccer Association, its executive, members of the executive and other organizers, sponsors, representatives, their agents and/or the employees suffered by me as a result of my participation in play in the league. I further state that I am in proper physical condition to participate in the games and that I am aware that participation could result in physical, psychological, or emotional injury or death.

I acknowledge I have read this Waiver and Release and understand its contents. I also acknowledge being advised to seek independent legal advice.

_____ _____ _____

Name (please print) Signature Date

You may *only* link yourself to a significant other. This means you need to be either dating, married or a sibling.

Link With: _____