

ARENA SOCCER PARKS

WAIVER OF LIABILITY AND DISCLAIMER (LIFE TIME AGREEMENT)

PLEASE PRINT CLEARLY!

Team Name _____ Home Phone(____) _____
 Player's Name (print) _____ Work Phone(____) _____
 Address _____ Date of Birth _____
 City _____ Zip _____ Advanced _____ Intermediate _____ Beginner _____
 E-mail _____

REGULATION ARENA, SPEED SOCCER ARENA, DAY: M T W Th F Sa Su DIV.: M-Opn, M-30+, M-40+, W-Opn, W-30+, CO-ED Youth (U9-U19) (enter gender & birth year, ie. B86) _____

I/we (parents or guardian if applicable) hereby give my/our consent and agree to release, indemnify and hold harmless the GARDEN GROVE ARENA SOCCER PARKS (GGASP), the City of GARDEN GROVE, ARENA SOCCER PARKS L.P. (ASP) and all personnel, including officials, staff, representatives and owners, from any claim arising out of any injury to the named individual. I understand the hardness of the playing surfaces and dasher boards, the different & unique characteristics of artificial turf when wet and dry (as opposed to grass), and the roughness of the sport. I grant GGASP & City of GARDEN GROVE, ASP the right to photograph or video the player's participation in soccer activities and to use the photographs or video in future brochures, and or commercials.

GUARANTEE OF COMPLIANCE TO RULES OF THE GARDEN GROVE ARENA SOCCER PARK, ASP.

In the event of any dispute arising between the undersigned and GGASP, ASP the undersigned agrees to comply with all of GGASP, ASP rules and policies and allows GGASP, ASP to impose restrictions and or penalties as a result of noncompliance in the office of GGASP (13631 Deodara Street, Garden Grove, CA, 92844), ASP (2190 N. Canal Street, Orange, CA, 92865).

EMERGENCY AUTHORIZATION

I/we the undersigned, parents or guardian of the participant, a minor, do hereby authorize the coaches, assistants, staff, or parents of team members acting in capacity of activity supervisors, as Agents for the undersigned do hereby consent to medical, surgical or dental examination or treatment, etc. In case of emergency, I/we hereby authorize treatment and/or care of registered player in ANY hospital and by any medical physician. If there is an emergency and I/we can not be reached, please contact:

EMERGENCY

NAME AND PHONE NO:

Name (friend, relative, or neighbor) _____ Phone(____) _____
 Your Family Doctor _____ Phone(____) _____
 Allergies/Medications _____
 Health Insurance Co. Name _____ Policy No. _____

AUTHORIZATION OF EMERGENCY CARE, ACKNOWLEDGEMENT OF DISCLAIMER, AND

GUARANTEE OF COMPLIANCE TO RULES OF GGASP, ASP

Signature of Player (if 18 or older) _____ Date _____

Parent (if player is 17 or younger) _____ Date _____

INDIVIDUAL REGISTRATION ONLY: RECORD# _____ LEAGUE FEES OF \$55.00 DUE ON REGISTRATION.
 DAY: M T W Th F Sa Su, DIV: M-Opn, M-30, M-40, W-Opn, W-30, Coed Date of Birth: ____/____/____ ADV INT BEG GOALIE
 Other player you want on your team: _____
 How did you hear about us? (staff) (friend) (family) (flyer in mail) (newspaper) (flyer at splash game) (radio) (cable TV) (other ____)

AMOUNT:	RECEIPT #	SESSION:	TEAM: