

Twilight Soccer League
Registration and Waiver

Twilight 8v8 Summer Soccer Program
Participation Agreement Release and Acknowledgement of Risk

Team_____

Name_____ Date of Birth_____

Home Address_____

Home Phone_____

Allergies_____

Other Specific Medical Conditions_____

In case of emergency, please notify _____ at

phone number_____

I understand that I/my child_____ participate(s) in the Twilight Soccer Program at my/our/his or her own risk and responsibility. The Twilight Soccer Program, their agents or employees shall be held harmless from any and all claims, costs, expenses, liabilities, or judgements, including attorney's fees and court costs in the event of injury or illness.

I further understand that the Twilight Soccer Program does not provide participant insurance. In the event of injury to myself/my child while participating in this program or activity, my health insurance provider is the sole provider of health insurance services.

In the event of necessity of emergency medical treatment, the Rahway Police Department and EMS will be the immediate first responders. The injured will be transported to the nearest medical facility for treatment. Parents and/or guardians or an appropriately designated emergency contact will be advised.

The Twilight Soccer Program requires that all accidents and injuries be reported within 48 hours of the incident.

I agree to adhere to the following:

Only registered participants are permitted to play in the Twilight Soccer Program.

Any change in my/my child's physical condition which might adversely affect my/my child's ability to participate safely will be reported to the Twilight Soccer Program and their team coach.

I _____, parent or legal guardian of _____, have read and understand the policy and procedures outlined above.

Signature of participant

Signature of parent/legal guardian

Date