





# Adult "Futsal Style" Soccer League TEAM ENTRY FORM



This Form and Liability Release Forms For ALL team members must be submitted at the time of registration.

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Captain's Phone Number: \_\_\_\_\_



## *TEAM MEMBERS:*

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

6. \_\_\_\_\_ Phone: \_\_\_\_\_

7. \_\_\_\_\_ Phone: \_\_\_\_\_

8. \_\_\_\_\_ Phone: \_\_\_\_\_

9. \_\_\_\_\_ Phone: \_\_\_\_\_

10. \_\_\_\_\_ Phone: \_\_\_\_\_



*McKinleyville Activity Center*

at 1705 Guin Rd., McKinleyville

For more information contact the Parks & Recreation office  
839-9003

Team Registration Fee: \$350.00

**MCKINLEYVILLE COMMUNITY SERVICES DISTRICT**  
**Parks and Recreation**  
**P.O. Box 2037, McKinleyville, CA 95519 - 839-9003**

**Adult Consent & Liability Release Form: 2011 Adult Futsal League**

I, the undersigned, understand that participation in some recreation activities is inherently hazardous, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist. I, the undersigned, certify that I am in good health and able to participate in activities for which I register and/or pay the program fee. I, the undersigned, hereby acknowledge that I am voluntarily participating and agree to assume any risks associated with my participation in the **Adult Futsal League** sponsored by the McKinleyville Community Services District from July 1, 2011-June 30, 2012, and fully understand participation in said program may expose participants to the risk of personal injury, death, or property damage. I hereby release, discharge, and agree not to sue the McKinleyville Community Services District for any injury, death, or damage to, or loss of personal property arising out of or in connection with participation in said programs from whatever cause, including the active or passive negligence of the McKinleyville Community Services District or other participants in said program. In consideration for being permitted to participate in said program, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify and hold harmless the McKinleyville Community Services District, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with participation in said program. I have carefully read this release, hold harmless, and agreement not to sue and understand its' contents. I am aware that it is a full release of all liability and I sign it on my own free will.

	<b>Participant Name:</b>	<b>Age:</b>	<b>Signature:</b>	<b>Date:</b>	<b>Phone #:</b>
1					
2					
3					
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