

WATER CITY INDOOR SPORTS ARENA

Youth Soccer Registration

(To pre-register, contact Rick Crow at coachrick1984@att.net
or 831-383-8587. Bring this form to the first day of class)



Player's Name _____

Age _____ Date of Birth _____

Parent / Guardian Name _____

Street _____

City / State _____ Zip _____ Tel. _____

Email address _____

Emergency contact (name & phone) _____

Program cost: \$70 Amount _____ Cash _____ Check # _____

Drop-in classes: \$11 (Checks payable to: Water City Roller Hockey, Inc.)

Release of liability agreement and permission to play

My signature below indicates that I, Parent or Guardian understand and appreciate that participation in sports constitutes a risk of injury. I voluntarily and knowingly recognize, accept and assume this risk and release Water City Roller Hockey, Inc., its affiliates, their sponsors, event organizers and officials from any liability. I will be responsible for my child at all times while he/she participates in the Water City youth soccer program.

DATE SIGNED _____

PARENT OR GUARDIAN SIGNATURE _____