

**SCWSL 2018 -2019
REGISTRATION FORM & WAIVER**

Team Name: _____

PLAYER INFORMATION:

NAME: _____

BIRTHDATE: _____ (must be 18 years of age as of Dec. 31, 2018)

MAILING ADDRESS: _____

PHONE: H _____ W: _____

Email: _____

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

WAIVER AND RELEASE CONSENT FORM

Dear Registrant or Parent/Guardian of Registrant:

We request your co-operation in reading and signing the following waiver and release consent form.

I hereby, for myself (and for my child in case of registration of a minor), voluntarily accept any and all risks associated with participating as a player in the Sunshine Coast Women's Soccer League, and in consideration of being allowed to participate in the League, waive any rights I or my child may now or at any time hereafter have against the Sunshine Coast Women's Soccer League from any and all claims, actions and losses whatsoever in relation to any loss or injury to property and personal injury.

I have read the Fair Play Policy and Guidelines and agree to abide by the principles of fair play.

Signature of registrant (or parent/guardian)

Date

This form is to be filled out and signed by the participant prior to the registrant's participation in any league play.