

MADISON SOCCER LEAGUE



ADULT LEAGUE

25 years old and up.

**FEES: \$35.00 per season
(New shirt included)**

Games are Sunday evenings

Make checks payable to:
Madison Soccer League

Please mail form to the Adult League
Representative or drop off form at
Sports & Sports.

**Adult League Rep: Heather Staffiera
3642 Wood Rd
Madison, Oh 44057
440-428-6672**

**League President: Tom Epple
440-428-7981**

Amount Paid: \$ _____ Check #: _____

Player Information

Last Name: _____

First Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Cell: _____ Age: _____

E-Mail: _____

SHIRT SIZE----- (circle one)

AS AM AL AXL AXXL

We want to balance the teams with
experience.

What is your soccer experience? (Circle one)

None Recreational High school College

All level of players welcome

MEDICAL AND LIABILITY RELEASE BELOW MUST BE SIGNED FOR YOU TO PLAY

Medical Problems or Restrictions: _____

CONSENT FOR MEDICAL TREATMENT

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry only if I am incapacitated in any way. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of myself.

Signature _____

Date: _____

IMPORTANT

I agree that I will abide by the rules of the Madison Soccer League Recognizing the possibility of physical injury associated with soccer. I hereby release, discharge, and / or otherwise indemnify the Madison Soccer League and sponsors, their employees, and associated personnel including the owners of the fields and facilities utilized for the Programs, against my claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and / or being transported to or from the same, which transportation I authorize.

Signature _____

Date: _____