

Warrior Football Club

REGISTRATION FORM

Season: _____

Fee: _____

Player Information:

Last Name: _____

First Name: _____

MI: _____

DOB: _____

Age: _____

Sex: Male Female

Years of Soccer Played: _____

Contact Information:

Mailing Address: _____

City: _____

Zip Code: _____

Email: _____

Phone #: _____

I agree to hold harmless Elardio Gayle, of Warrior Football Club, board representatives and affiliates from any liability whatsoever. I agree to have my own insurance, and to wear the appropriate equipment.

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer (or child) for the above named soccer organization.

I hereby release, discharge, and otherwise indemnify Elardio Gayle, Warrior Football Club, their sponsors and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation and my child's participation. All payments are final and are non-refundable.

Guardian Name: _____

Date: _____

Signature: _____

Warrior Football Club
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E-mail: elardiogayle@gmail.com