



**2009 - 2010 ADULT CO-ED RECREATION LEAGUE SOCCER REGISTRATION  
FOND DU LAC SOCCER ASSOCIATION**



**Team Contact**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**REGISTER AS A TEAM**   
*Team fee - \$450.00*

**REGISTER AS A FREE AGENT**   
*Individual fee - \$40*

**Roster Information** *(Roster Limit of 15 Players)* **TEAM NAME:** \_\_\_\_\_

|    | Player Name | Address | Phone | E-Mail | Date of Birth | Gender | Shirt Size | Player Signature ** |
|----|-------------|---------|-------|--------|---------------|--------|------------|---------------------|
| 1  |             |         |       |        |               |        |            |                     |
| 2  |             |         |       |        |               |        |            |                     |
| 3  |             |         |       |        |               |        |            |                     |
| 4  |             |         |       |        |               |        |            |                     |
| 5  |             |         |       |        |               |        |            |                     |
| 6  |             |         |       |        |               |        |            |                     |
| 7  |             |         |       |        |               |        |            |                     |
| 8  |             |         |       |        |               |        |            |                     |
| 9  |             |         |       |        |               |        |            |                     |
| 10 |             |         |       |        |               |        |            |                     |
| 11 |             |         |       |        |               |        |            |                     |
| 12 |             |         |       |        |               |        |            |                     |
| 13 |             |         |       |        |               |        |            |                     |
| 14 |             |         |       |        |               |        |            |                     |
| 15 |             |         |       |        |               |        |            |                     |

**LIABILITY RELEASE AND CONSENT FOR MEDICAL TREATMENT**

I will abide by the rules of the FDLA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the FDLA accepting the registrant for its soccer programs and activities ("Programs"), I hereby release, discharge and/or otherwise indemnify the FDLA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any 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 hereby authorize.

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being.

**\*\*Player signature is required for Liability Release - before a player can participate**

**Office use Only**

Payment received Yes \_\_\_\_\_ No \_\_\_\_\_ Check Number \_\_\_\_\_ Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_