



Jackson Football Club

Adult Registration Form – Spring 2009

Last Name: _____ First Name: _____

Email address(es): _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Other Phone #: _____

Male: _____ Female: _____ Current Age: _____ Birth date: _____

(Your date of birth must be August 1, 1992 or earlier.)

Registration Fee: \$65. Date Received: _____

*****THE FOLLOWING MUST BE READ AND SIGNED FOR REGISTRATION TO BE VALID*****

I the above-named candidate for a position on a soccer team hereby represent that I am in good health and can participate in competitive soccer. I do further give my permission to receive emergency medical and surgical treatment procedures of any kind and nature, which may be deemed advisable by a physician who may attend or treat me at or during all soccer related activities, including going to or coming from soccer practice, activities, or games. I do hereby absolutely assume all risks and hazards incidental to such participation and release, absolve, and fully forgive and further agree to indemnify and hold harmless JFC and all persons and entities associated with JFC including persons transporting me to and from activities, from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any injury known or unknown or death to me or property damage whether the result of negligence or any other cause. This Agreement is given in consideration for me being allowed to participate in the aforesaid activities. **Registration with JFC is a binding agreement that the player has an obligation to complete their requirements as a registered member of JFC.**

Signature of Participant: _____ Date: _____