

FIREBIRDS SOCCER CLUB RELEASE FORM

Participant's Name: _____

Birth date: _____

Address: _____

Town, Zip Code: _____

Telephone Number: _____

E-mail address: _____

I recognize and acknowledge that there are certain risks of physical injury to participants in the sport of soccer, and I agree to assume the full risk of any such injuries, damages, or loss (regardless of the severity) which my child may sustain as a result of participating in soccer. I hereby fully release and discharge the Firebirds Soccer Club, the Lombard Park District, and their officers, agents, coaches, servants, and employees from any and all claims from injuries, damage, or loss which my child may have or which may occur to my child on account of my child's participation in soccer. I further agree to indemnify and hold harmless the Firebirds Soccer Club, the Lombard Park District, and their officers, agents, coaches, servants, and employees from any and all claims from injuries, damages, and losses sustained by my child and/or arising out of my child's participation in soccer.

Signature

Printed Name

Date

How did you find out about Firebirds Tryouts?

- Current Firebird
- Flyer at School
- Flyer at Park District game
- Word of Mouth
- Website
- Newspaper