

PEPSI-COLA YOUTH SOCCER LEAGUE OF NEWBURGH, INC. COED ADULT SOCCER LEAGUE

Registration for the 2009 season will be held on **July 25, 2009**, from 9:00am to 12:00 noon at the AMAX Fields.
Registration by mail is strongly encouraged. Simply **fill out this form** and **send with a check** to:

**Newburgh Pepsi-Cola Youth Soccer
P.O. Box 284
Newburgh, IN 47629**

Any parent whose child is playing or has played in Pepsi-Cola Youth Soccer League of Newburgh, Inc. or who is a past or current coach, referee, or board member is eligible to participate. All games will be played on Sunday afternoons in September and October at the Amax Soccer Complex.

2009 Registration Fee:

\$40 prior to August 29

\$50 after August 29

Need more info or have questions about eligibility?

Call or email

Brian Dannehold 490-2611 (danneholds@wowway.com)

Mike Williams 858-1104 (mikewilliams2@adelphia.net)

Players of all levels are welcome.

Our goal is to have fun!

PEPSI-COLA YOUTH SOCCER LEAGUE OF NEWBURGH, INC. FALL COED ADULT SOCCER REGISTRATION FORM

PERSONAL INFORMATION

Player's Last Name: _____ First Name: _____ Home Phone: _____

Address: _____ City: _____ ZIP: _____

Gender: **M / F** Date of Birth: _____ Age on 7/31/08: ____ Email: _____

Experience Level (Years): Recreational: _____ High School: _____ COLLEGE: _____ PRO: _____

Shirt Size (Circle One): S M L XL XXL

PLAYER FEE: \$40 prior to August 29; \$50 after August 29

Send form and payment to
Newburgh Youth Soccer
P.O. Box 284
Newburgh, IN 47629

General Release

I agree to be subject to all rules and regulations set forth by the Pepsi-Cola Youth Soccer League of Newburgh, Inc. for my participation in the Adult Fall Soccer program. I assume all risks incidental to the conduct of the activities of Pepsi-Cola Youth Soccer League. In case of injury, I hereby release and otherwise waive all claims against Pepsi-Cola Youth Soccer League, its officers, directors, agents, coaches and participants from and against any and all loss, liability, or damage whether arising from negligence of such persons or otherwise, in connection with my participation in league or team activities or any other activities involving Pepsi-Cola Youth Soccer League. I also understand and agree that in the event of my injury or illness, where due to my condition I am unable to do so at the time. I hereby grant permission to seek medical treatment and grant authority to a qualified physician to render medical treatment as said physician deems necessary under the circumstances and to be responsible for all medical expenses incurred for such treatment. I have read this document in its entirety and understand that it is a legal document whereby I am granting specific permission and legal rights to Pepsi-Cola Youth Soccer League, its officers, directors, coaches and agents regarding my interests. I also fully understand that this is a legal document whereby I am releasing and waiving all claims against the Pepsi-Cola Youth Soccer League, its officers, directors, coaches, agents and participants, any and all of them, from claims and/or causes of action for personal injuries or damage of property which may result from even their own negligence with regard to my participation in any or all activities of Pepsi-Cola Youth Soccer League.

Signature _____

Date _____