Coach/Manager Name: _____ Team Name: _____ Phone:_____

The undersigned hereby agrees to Indemnify and hold harmless the Metro East Legacy FC, BCSL. Belleville, IL. From any liability for any loss, damage, or injuries incurred by the undersigned or by any minor child of the undersigned as a result of the use by the undersigned or by any minor child of the undersigned of any facilities, programs, or activities owned, maintained or supervised by agents or employees of the Metro East Legacy FC, BCSL of Belleville, Illinois. EACH PLAYER, COACH AND MANAGER MUST COMPLETE HIS OR HER PORTION OF THE OFFICIAL ENTRY FORM. Please PRINT complete information in the space below and have each player sign his or her name. In signing below I verify to play on the mentioned team that in consideration of your accepting this entry, I intend to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights I may have against the Metro East Legacy FC, BCSL of Belleville, Illinois and its representatives for any and all injuries suffered by me at the games, including, but not limited to negligence of the Metro East Legacy FC, BCSL of Belleville, Illinois. I understand and have read the facts and information of the league and hereby agree to abide by them.

Players Name	Address	Phone #	DOB	Paremt Signature