



AMB PREMIER LEAGUE



We, as **either the below Registrants and at least 18 years of age** or **as the parents/legal guardians of the below Registrants**, release, discharge, and agree to hold harmless and indemnify the designated coaches of the team and the High Country Soccer Association, any of their employees, associated personnel, or referees from any and all liability, claims or demands arising from the Registrant participating in the Programs with the High Country Soccer Association specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs. In addition, we do hereby authorize any one of the designated adults of the High Country Soccer Association, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advice of any physician, surgeon or dentist duly licensed to practice.

TEAM NAME: _____

TEAM CAPTAIN: _____

	Player's Name	Birth Date	Phone Number	Email	Signature	Date	Paid
1							
2							
3							
4							
5							
6							
7							
8							
9*							
10*							

* Roster spots 9 and 10 are allocated Dual Roster Spots (optional). If you have any dual roster players, they must be rostered in one of these roster rows with the marking "D/R" beside their name. If you do not have any dual roster players, these spots may be used as normal.