2019-20 Indoor Team Roster & Waiver

Team Name: _____ Session (circle one): 1 2 3 Competition Level: First Flight _____ Second Flight_____

Team Coach: _____ Phone: _____ E-mail: _____

Liability Waiver and Medical Release: In participating in this program, the undersigned participant or parent/guardian understands that participation is at my/his/her own risk and that this is a contact sport; therefore, there is a real chance for injury stemming from play or any event associated with this league. The undersigned waives all claims against Peoria FC United, Midwest Sports Complex, LLC, The Yard, and their officers, employees, volunteers, coaches, referees, and agents appointed by any of the foregoing entities for any injury to the participant/child that relates to his/her participation in programs sponsored by said entities. Further, I authorize Peoria FC United, Midwest Sports Complex, The Yard or persons appointed by them to supervise the events, obtain a physician to administer emergency treatment, and if necessary, transport the participant/child (in the event of parent's absence) to the nearest medical facility. Responsibility for primary medical insurance coverage rests with the participant or parent/guardian. I/he/she agree(s) to follow the rules of conduct and play set by Peoria FC United and The Yard. Failure to do so may result in suspension from participation. Each player (if over the age of 18) or his/her parent/guardian must sign.

Player's First & Last Name	Date of Birth	Home Phone	E-mail Address	Waiver Signature _Parent/Guardian Signature if Participant is Under 18 Years_
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