

 **River City Rangers Soccer Club**

 **Winter Futsal Registration**

 **January 7, 2017 – January 28, 2017**

**1. Program**: I desire for my child to participate in the 2017 Winter Futsal program provided by the River City Rangers Soccer Club (RCR) in the gymnasium of St. Louis King of France Catholic Church.

**2. Release**: I understand that the physical demands of the 2017 Winter Futsal program may result in injury to my child and that such injury may be severe**. I have noted in the space provided below on this form any and all medical and physical conditions that might affect my child’s participation.** In the event of injury, I authorize RCR and its representatives to seek, at my expense, such medical attention as they may deem appropriate. I release, discharge, and hold harmless St. Louis Church, RCR, and their representatives from any injuries that may occur to my child while participating in the 2017 Winter Futsal program. I unconditionally waive and release St. Louis Church, RCR, their officers, agents, representatives, coaches, volunteers, and employees, and agree to hold said organizations and persons harmless from any and all claims, rights, or causes of action which may be asserted against them by any person as a direct or indirect result of the use of the services, facilities, or instruction, or as a direct or indirect result of my child’s participation in the Futsal program, or from any negligence on the part of St. Louis Church or RCR, including any act or failure to act.

**3. Indemnification**: I ASSUME ALL RISKS AND HAZARDS INCIDENT TO PARTICIPATION IN THE 2017 WINTER FUTSAL PROGRAM, INCLUDING BUT NOT LIMITED TO TRAVEL TO AND FROM ST.LOUIS CHURCH. I AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS ST. LOUIS CHURCH, RCR, AND THEIR OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL CLAIMS ARISING OUT OF MY CHILD'S PARTICIPATION IN THE FUTSAL PROGRAM, INCLUDING BUT NOT LIMITED TO INJURY TO MY CHILD, MY CHILD'S PROPERTY, OR ANY THIRD PARTY REGARDLESS OF WHETHER IT IS ALLEGED OR PROVEN THAT THE DAMAGES SOUGHT RESULTED IN WHOLE OR IN PART FROM THE NEGLIGENCE OR ANY OTHER ACT OF OMISSION OF ST. LOUIS CHURCH, RCR, OR THEIR REPRESENTATIVES.

**4. Binding**: Effect: This agreement is binding upon me and upon my spouse, heirs, assigns, dependents, personal representatives, attorneys, and my estate. This agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017**

**Player's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player #2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player #3 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player #4 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player's Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player** **medical issues of concern or note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Due: $10 per player, per 2 hour session. Payable by cash, check or credit card.**

**Please write all checks payable to the River City Rangers Soccer Club.**

**2017 Winter Futsal Dates:**

**Saturday, Jan. 7th**

**Saturday, Jan. 14th**

**Saturday, Jan. 21st**

**Saturday, Jan. 28th**

**\*\*10AM-NOON FOR ALL U11 AND YOUNGER PLAYERS**

**\*\* NOON-2PM FOR ALL U12 AND OLDER PLAYERS**