NORTHWEST INDIANA SOCCER LEAGUE

Travel Release Registration Form

CHECK #_____ AMOUNT $_____(($100.00 Registration Fee)
(Includes Jersey & Socks)

(Please make check payable to Munster Soccer Club)

PLAYER NAME:_____
LAST FIRST MI

BIRTHDATE:____/___/___ SCHOOL:_____GRADE_____

TELEPHONE:_____

ADDRESS:_____

CITY:_____ STATE: _____ ZIP:_____

PARENTS NAME:_____
DAD(First) MOM(First) LAST

Email Address:_____
(optional)

THE UNDERSIGNED UNDESTANDS THAT THE NORTHWEST INDIANA SOCCER ASSOCIATION OR ITS AFFILIATES ARE NOT RESPONSIBLE FOR ANY LOSS OR IN INJURY DURING GAMES PRACTICES OR ANY OTHER LEAGUE ACTIVITY, OR WHILE BEING TRANSPORTED TO AND FROM ACTIVITIES, GAMES, AND OR PRACTICES.
AS THE PARENT OR LEGAL GUARDIAN OF ABOVE NAMED PLAYER, HEREBY GIVE CONSENT TO PARTICIPATE IN LEAGUE ACTIVITIES

_____

PARENT OR GUARDIAN SIGNATURE DATE

(Circle Size) Youth Large Youth X-Large Adult Small

Adult Medium Adult Large Adult X-Large