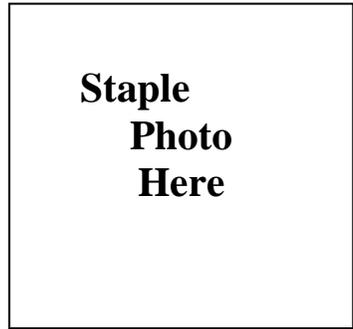


SFCRSL

San Francisco Co-Ed Recreational Soccer League

Player Registration Form for Spring and Fall Seasons 2005



Please fill out both sides

Team Name: Dirty Dogs Jersey # _____

Player Name: _____
Last MI First

Address: _____
House #, Street name, & Apt #

City, State & Zip

Are you a professional player? Yes No If Yes, which team _____

Phone #s: _____
Home Work Cell

E- Mail: _____

Sex: _____ Birthdate: ____/____/____ Age: _____ Occupation: _____

Employer: _____

Medical plan & number: _____

Family doctor & phone number: _____

List any medical problems: _____

Person to Notify in case of emergency: _____

Phone #: _____

SFCRSL
San Francisco Co-Ed Recreational Soccer league

Release Form
Spring and Fall Seasons 2005

In consideration of the acceptance of my registration and registration fee and the granting of permission to play in the San Francisco Co-Ed Recreational Soccer League, I do hereby for myself, my heirs, assigns, executors and administrators fully release and forever discharge the San Francisco Co-Ed recreational Soccer League, it's directors, officers, agents, volunteers, members, representatives, affiliates, associated organizations, and assigns and all other persons or associations from any and all claims and causes of action by reason of injury, or whatever nature or extent, that has, may have been, or which may occur to me as a result of, or in any connection with my entry in this League, my participation in this League, or my traveling to or from games in this League.

I understand that signing this release is a full and final release applying to all unknown and unanticipated injuries, deaths, and injuries arising out of my participation in the league games, practices, travel, or social activities, and the undersigned waives all rights or benefits which the undersigned now has or in the future may have under the terms of section 1542 of the Civil Code of the State of California, which section reads as follows:

“ A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the Release, which if not known by him must have materially affected his settlement with the debtor”.

I understand that violation by me of the registration rules will cause my team to forfeit all games played while I am a member. I understand that any behavior on my part contrary to the League rules and player code of conduct may result in my dismissal from the League.

I have read the above and understand that it and my signature below confirms my full acceptance to be bound by the terms stated. I certify that all information provided on the registration forms is true and correct. I certify that I have read, understand, and agree to abide by the League rules and player code of conduct. I understand that I must provide the name of the company under the item “Medical coverage” below that affords me medical coverage during the period of the time that I will be participating in the League.

I understand that I cannot play soccer under any circumstances in this League if I do not have my own personal medical coverage. I also understand that the league, it's officers and/or any team shall not be responsible for ensuring that health coverage is in force or the validity of any personal identification or personal health coverage.

I have read and agree to maintain my own medical insurance coverage protecting me against injury while participating in the League, its games, practices, social activities, and travel to and from these activities.

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of myself and I hold all persons rendering such care harmless for all such efforts on my behalf.

Medical coverage provider: _____

Form signed on ____/____/____ **in** _____, **California**
(Date) (City)

Player signature: _____

Team Manager Signature: _____