

Indoor Soccer League Team Registration Form



Team/ Contact Name
Contact Phone
Contact email

<i>First Name</i>	<i>Last Name</i>	<i>Birth Date (If minor)</i>	<i>Age</i>	<i>Gender</i>	<i>Waiver Signature</i>

Waiver/ Release The Undersigned, (parents/guardians must sign if minor) on behalf of the Child and myself/ourselves, and my/our, heirs, agents, assign, successors, administrators and executors, hereby forever waive and release Top Flight Athletics, and its stockholders, director, officers, employees and agents from liability for any injury, damage or loss suffered by myself or the CHILD, however caused, which results in any way from myself or the CHILD'S participating in any program offered by Top Flight Athletics.