FC PEORIA INDOOR SOCCER LEAGUE 2009-2010 SEASON

ADULT COED LEAGUE____ HS BOYS LEAGUE____ HS GIRLS LEAGUE____ MENS LEAGUE____

SESSION 1_____ SESSION 2_____ SESSION 3_____(coed only)

Team Name: _____ Competition Level: Competitive/Varsity____ Recreational/JV____

Contact Person: _____ Home Phone #: _____ Cell Phone #: _____ E-Mail: _____

Mail Registration Form and Check to: FC Peoria PO BOX 294 Mossville, IL 61552

Liability Waiver and Medical Release: In participating in this program, the undersigned participant/parent or guardian understands that participation is at my/his/her own risk. The undersigned waives all claims against FC Peoria and Midwest Sports Complex, LLC, 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 Midwest Sports Complex, LLC and FC Peoria or persons appointed by them to supervise the events, to obtain a physician to administer emergency treatment, and if necessary, transport the participant/child (in the event of the parent's absence) to the nearest medical facility. Responsibility for primary medical insurance coverage rests with the participant/parent or guardian. I/he/she agree(s) to follow the rules of conduct and play set by Sporting FC. 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.** ***PLEASE FILL OUT REQUIRED FIELDS DESIGNATED BY * Contact us at FC PEORIA.COM or 309-579-3535**

#	*Player Name*					E-Mail Address		*Signature (Parent/Guardian if Under the age of 18)*
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