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**Adult Futsal Registration Form**  Today’s Date:

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sessions**

**(circle one)**

**Women’s- Mondays(9pm-11pm) Co Ed- Tuesdays(8pm-10pm) Men’s- Thursdays(7pm-10pm)**

**\*Individual Sign Up (check box)\* Individual Fee- $45 per person**

Session 1- April-June

Session 2 -June-August

Session 3 -August-October

**Team Fee- $300 per team**

 Total Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

* Paid
* Put on roster
* Filed in Folder
* Initials \_\_\_\_\_\_

***I, the undersigned parent/guardian, agree that in consideration of the privilege for my child to play as a member of the team designated below and in consideration for permission to play on the indoor facilities:***

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my child’s team, and (c) while on or upon the premises of any and all of the fields, indoor facilities arranged for by my child’s team or league for practice or play.
2. I release, agree not to sue and agree to hold harmless Chicago Futsal Club, Step Ahead Sports, or other entity designated, or their owners, officers, agents, managers, servants, associations, employees, for any claim, damages, costs or cause of action which I have or may in the future have as a result of personal injuries or property damages sustained or incurred by my child from whatever cause including but not limited to the negligence, recklessness, breach of contract or wrongful conduct of the parties hereby released.
3. I hereby authorize Chicago Futsal Club, Step Ahead Sports or/and its assigns to utilize any/all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.
4. By providing my email address below I authorize Chicago Futsal Club or Step Ahead Sports to email me in future about upcoming soccer/futsal-related events.

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