

# ADULT FALL COED SOCCER

## REGISTRATION

Registration will be by teams only.

**Registration starts August 1, 2016 with a deadline of 4:00 PM, August 18, 2016 to enter your team.**

This is a competitive adult soccer program for ages 25 and up by August 17<sup>th</sup>. Teams will have the choice of **two divisions**. They may register for the **Open League** or **Recreational league**. Each league will take a maximum of 6 teams. Games will be played on Tues/Thurs nights and Sunday afternoons with the possibility of some Saturday afternoons as well. League play will start early September and will end mid November. This is an 11-on-11 league, you must have at least 3 women on the field at all times and your roster cannot exceed 25 players.

Registration will be by teams only. (Sorry, no single player looking for a team to play with will be taken.) *This is not a first come first serve sign-up.* If there are more than six teams after the deadline, a point system will be used with Apex residents given priority.

### For Department Use Only

**LEAGUE # 4551**

Paid \_\_\_/\_\_\_/16 R# \_\_\_\_\_

Resident \$33 \_\_\_\_\_

Non Resident \$58 \_\_\_\_\_

Staff: \_\_\_\_\_

### **FEES:**

**\$33- Apex Residents**

**\$58- Non-Residents**



Phone(s) Home \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Team Name \_\_\_\_\_ Captain Name \_\_\_\_\_ Team Captain Yes No

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Gender Male Female

Special Concerns (Medical, Etc.) \_\_\_\_\_

### **Statement of Waiver**

I hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Town of Apex, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Apex Parks, Recreation and Cultural Resources Department. I further give permission for proper emergency care to be rendered to myself should I not be able to give such permission.

As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activity and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Apex does not provide transportation to or from activities scheduled by the Apex Parks, Recreation and Cultural Resources Department. I grant my permission to allow my photo, as part of a group photo and without individual identifying information, to be used by the Apex Parks and Recreation Department for promoting programs operated or sponsored by the department.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_