

DINOINITES SIGN UP!!!!

Program Cost
\$75.00

Includes Ball and 8 weeks of fun, safe
educational activity!!!



VISIONS IN SPORTS

Name: _____ AGE: _____

Parent Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Boy _____ Girl _____

U4 _____ U5 _____ U6 _____

***Volunteering to coach does not guarantee that you will be assigned to a team; coaches will be assigned when teams are made *after* the registration deadline.**

The ZONE does NOT provide medical insurance for participation in this program. The parent/guardian will assume responsibility for all medical care resulting from injuries sustained by their child due to participation in this program, as there are natural risks involved in athletic events such as this. By signing this registration the parent/guardian gives permission for their children to participate in the indoor soccer league.

Printed name: _____ Signed: _____ Date _____

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Registration Agreement

In enrolling at VIS Indoor Soccer Center, participant understands that he/she attending the programs and using VIS Indoor Soccer Center and the facilities does so at his/her own risk. VIS Indoor Soccer Center and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/She does hereby fully and forever release discharged hold harmless VIS Indoor Soccer Center, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by VIS Indoor Soccer Center. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant does hereby grant authority to the staff at VIS Indoor Soccer Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize VIS Indoor Soccer Center and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Printed name: _____ Signed: _____ Date _____



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