



Issaquah Soccer Club
P.O. Box 501
Issaquah, WA. 98027
Chelsea.craze@issaquahsoccerclub.org

ISC WPSL COMBINE REGISTRATION AND INSURANCE WAIVER

Player's Name:				Birth Date:		
Street Address:			City:	State:	Zip:	
Home Phone :	() -	Cell Phone:	() -			
Driver's License #:	State:	Email:				

I hereby consent registering me with Issaquah Soccer Club. [Note: it will not be necessary to complete this form again as long as I am with the same club or team unless the information below changes].

Player's Signature

Date

LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization.

I hereby release, discharge, and otherwise indemnify my club and team, Issaquah Soccer Club, their sponsors, the WPSL and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in Issaquah Soccer Club's WPSL programs and competitions.

Player's Signature

Date

In an emergency, please contact the following:

Name	Home Phone: () -	Cell Phone: () -
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Current Position:

Favored Position:

College/University Attended:

Soccer Accomplishments: