

Ontario Parks & Recreation Department

Receipt #: _____
Amount \$: 325.00

Team Name: _____ League: _____ Fall **2009**

Agreement to participate in Adult Indoor Soccer

1. I agree to participate in Adult Indoor Soccer.
2. I recognize that participating in this program could be dangerous and result in serious injury or death.
3. I understand that I must comply with all rules and safety procedures involved with this program as established by the Ontario Recreation Department.
4. I agree to follow all rules and instructions from staff members and officials assigned to direct this program.
5. I certify that, to the best of my knowledge, my current physical condition is satisfactory for participation in this program, that I am free of any health problems which would endanger my participation, and that I will inform Ontario Recreation and the official(s) should my condition change at any time during my participation in this program.
6. I agree to furnish proof of current physical examination upon request.
7. I recognize that failure to comply with the above mentioned numbers 3, 4, 5, and 6 could result in dismissal from the program.
8. I agree that our team will be responsible for the \$8.00 referee fee, payable directly to the referee, before the start of each game.

Captain- Person to be contacted in case of any changes.

1. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

Co-Captain – Person to be contacted, if cannot contact Captain.

2. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

TEAM MEMBERS

3. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

4. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

5. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

6. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

7. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

8. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

9. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____

10. Name: _____ Age: _____
Address: _____ Home Phone: _____
Day Time Phone #: _____ Emergency: _____
Special Restrictions/Medications: _____
Participant's Signature: _____ Date: _____