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Northwest Indiana Soccer League

Registration form

Last Name _____ First Name _____ MI _____

Date of Birth: Month _____ Day _____ Year _____

Home Address _____

City _____ State _____ Zip Code _____

( ) Home Telephone Number _____

To be Completed by SSC NW Rep	
Team Name	Division
Player Signature	

The undersigned understands that the northwest Indiana soccer league, northwest Indiana Soccer Association, Soccer Association for Youth (SAY), its members, coaches or offices shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind (including but not limited to games, practices, transportation to and from said activities) whether sponsored by or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches, officers or designates of any kind from any claim whatsoever.

Signature—parent/guardian _____ Date _____