



WE INVITE YOU TO PLAY IN THE
HOLIDAY ADULT CLASSIC!!!



HOLIDAYSOCCKERCLASSIC.COM

TASL PLAYER REGISTRATION FORM

Player's Name: _____ TEAM: _____

Date of Birth: _____ M: _____ F: _____

Address: _____

E-mail address: _____

Cell Phone #: _____ Other Phone# _____

My Insurance Co. is: _____ My Policy Number is: _____

Family Physician: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

Emergency Contact: _____ Phone: _____

Address: _____ Phone: _____

Known Allergies or any other medical information we should be aware of:

WAIVER OF LIABILITY, MEDICAL RELEASE FORM AND DISCLAIMER I give my consent and agree to release, indemnify, and hold harmless Triple R Sports, The City of Temecula, Temecula Adult Soccer League, its staff and directors and all personnel, including officials, representatives, and field owners from any claim arising from any injury. I agree to abide by the league rules and I understand that some officials are still in training and have not yet been certified. Furthermore, I give my consent for emergency medical treatment. I also assume the responsibility for payment of any such treatment. This release is effective for the period of two years from the date given below.

Signature: _____ Date _____

FYI: ALSO, YOU NEED TO PROVIDE A COLOR COPY OF YOUR DL OR ANY PICTURE ID.