



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



On November 28 & 29, 2009

## TASL PLAYER REGISTRATION FORM

Player's Name: \_\_\_\_\_ TEAM: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work 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 also 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: YOU MUST ALSO PROVIDE A PASSPORT PICTURE FOR YOUR PLAYER CARD.**