

**Soccer Crazy**  
8440 Tanner Bridge Rd.  
Jefferson City, MO 65101

**Individual Registration**

*\*\*Please print clearly email address is used for communication\*\**

Male     Female     Beginner/Intermediate     Advanced/Competitive

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: (required) \_\_\_\_\_

Team preference: (not guaranteed) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Contact Work Phone: \_\_\_\_\_

**Participant Waiver and Release:** Each participant in the Soccer Crazy League hereby certifies that he/she is physically fit and in normal health and has not been otherwise informed by a physician that he/she is incapable of participation in soccer. Each participant agrees to abide by all Soccer Crazy League rules. Each participant acknowledges that he/she is aware of the risks inherent in participation in sports (both practice and competition); that sports are physical and can require considerable running, starting, stopping and physical exertion, in heat and humidity, and could potentially lead to injuries including, but not limited to, overheating, dehydration, limb injuries and possible permanent disability and death; each participant agrees to assume all those risks and to waive any and all rights to claim for injuries, loss or damages arising out of his/her participation in the Soccer Crazy League. Each participant is responsible for conducting him/herself safely and at a level consistent with his/her skill. Each participant further certifies that he/she maintains adequate health insurance to cover any injuries occurring as a result of participation in the Soccer Crazy League. If, while participating in the Soccer Crazy League, a participant hurts another person or damages the property of another individual, he/she will pay that person any resulting cost. By signing below, participant acknowledges understanding and reading of this waiver in full.

If participant is under the age 18, a parent or legal guardian's signature is required. Signature below acknowledges that I have read the above Participant Waiver and Release. I fully understand its terms and sign freely and voluntarily.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Individual Registrations:** Send this application along with a check for individual league fees of \$65 made payable to Soccer Crazy to the address above. If we are unable to place individual on a team the entry fee will be fully returned.

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**FOR OFFICE USE ONLY**

Fees Paid:  YES  NO    Date: \_\_\_\_\_ Check Number: \_\_\_\_\_