Lexington Futsal
Commonwealth Soccer Club

Team Name: _____

Team Contact Name: _____

Address: _____

Phone: _____

Birthdate of Oldest Player: _____

Session (circle): Session One Session Two

I, as the parent or guardian of the participant names below, agree that in registering the minor below to participate in the futsal league offered by Lexington Futsal and Commonwealth Soccer Club, assume full responsibility for all injuries and damages which may occur during any games offered by Lexington Futsal at Imani Life Center. In signing below, I acknowledge that futsal is a physical sport which can require considerable running, starting, stopping and physical exertion, and that I am aware that there are risks inherent in participating in futsal competition, and fully and forever release Lexington Futsal, Commonwealth Soccer Club and Imani Life Center from any and all claims, demands, damages, rights of action, present and future resulting from or arising from participation in Lexington Futsal League.

First Name	Last Name	Date of Birth	Email Address	Cell Phone	Parent/Guardian Signature