

# FARMINGTON VALLEY ADULT SOCCER CLUB – REGISTRATION FORM SPRING 2008

FVASC · P.O. Box 1211 · Farmington, CT 06034-1211 · www.fvasc.com

**\*\*\* DEADLINE: March 20, 2008 \*\*\***

*In person registration will be 6pm-9pm on Thursday, March 20<sup>th</sup> at the Farmington Community/Senior Center,  
321 New Britain Avenue, Unionville*

League Choice:    REC Women    Over 30 Men    Over 40 Men

Returning Player?  YES    NO   Team \_\_\_\_\_   Team Preference \_\_\_\_\_

Position Preference: 1<sup>st</sup> choice: \_\_\_\_\_   2<sup>nd</sup>: \_\_\_\_\_   3<sup>rd</sup>: \_\_\_\_\_

\_\_\_\_\_ Years of Soccer Experience

Player Pass? *Every player must have a player pass to show the referee before each game. Please check one:*  
 YES, my team rep. has my player pass   OR    NO, I need a player pass (attach passport size photo)

**NOTE for returning players: Late fee of \$10 will be instituted after 3/20,  
and there will be NO registering of players at the field.**

Name: _____	Home Phone: _____
Street Address: _____	Cell Phone: _____
City: _____   State _____	Zip: _____
Email: _____	Employer: _____
Birth Date: _____ / _____ / _____	Town: _____
Age _____ <i>(as of 12/31/08)</i>	Work Phone: _____

### AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Connecticut State Soccer Association and/or the Farmington Valley Adult Soccer Club athletic/sports program, and related events and activities, the undersigned does:

1. Agree that prior to participating, they will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise the referee and/or manager of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;
4. Release, waive, discharge and covenant not to sue Connecticut State Soccer Association, the Farmington Valley Adult Soccer Club, its affiliated clubs, their respective administrators, directors, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demand, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. I UNDERSTAND THAT NO SCREW IN CLEATS/SPIKES ARE ALLOWED ON FIELD. I UNDERSTAND THE CLUB MAY BAN PLAYERS FOR UNSPORTSMANLIKE CONDUCT, AND WITHOUT THE REFUND OF ANY FEE. -Please speak with your physician before starting this exercise program-

PLAYER SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

<p><b>ATTACH TO THIS FORM:</b></p> <p><input type="checkbox"/> Copy of Driver's License *</p> <p><input type="checkbox"/> Passport size photo for Player Pass*</p> <p><input type="checkbox"/> Check payable to FVASC *(NEW PLAYERS ONLY)</p>	<p><b>FEES Over 30 Men / REC Women:</b></p> <p><input type="checkbox"/> In-Town: \$60.00 (live/work in Farmington, live/work in Avon, live in Simsbury)</p> <p><input type="checkbox"/> Out-of-Town: \$75.00</p> <p>FEES Over 40 Men (Monday nights only): \$45.00</p> <p><b>LATE FEE: \$10.00 after March 20th (returning players only)</b></p> <p><b>RETURNED CHECK FEE: \$20.00 - NO REFUNDS WILL BE ISSUED</b></p>
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Check # \_\_\_\_\_      Amount \$ \_\_\_\_\_