

MIDWEST SPORTS COMPLEX ADULT COED TEAM REGISTRATION RIVER CITIES SOCCER LEAGUE

****Team Name:** _____ ****Coed: Rec or Comp** ****Circle desired session(s): 1 2**
****Coach/Manager:** _____ ****Home Phone #:** _____ ****Cell Phone #:** _____ ****E-Mail:** _____

Liability Waiver and Medical Release: I understand the nature of the River Cities Soccer League (RCSL). Understanding the nature of the activities, I waive all claims against FC Peoria, RCSL and Midwest Sports Complex, LLC, and their officers, employees, volunteers, coaches, referees and agents appointed by any of the foregoing entities for any injury that relates to his/her participation in programs sponsored by said entities. Further, I authorize Midwest Sports Complex, LLC, RCSL and FC Peoria or persons appointed by them to supervise the events, to obtain a physician to administer emergency treatment, and if necessary, transport me to the nearest medical facility. Responsibility for primary medical insurance coverage rests with the participant. **Each player (if over the age of 18) or his/her parent/guardian must sign.**

#	**Player Name	**M/F	Birthdate	Address	Home Phone #	E-Mail Address	T-shirt Size	**Signature
1								
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3								
4								
5								
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12								

****REQUIRED FIELDS**