CITY OF SANTA CRUZ PARKS AND RECREATION DEPARTMENT

WINTER SOCCER LEAGUE 2014

323 CHURCH STREET, SANTA CRUZ, CA (831) 420-5270, FAX:(831) 420-5271

TEAM NAME: _____

MANAGER: _____ **HM. PHONE:** _____ **CL. PHONE:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

Note: All information must be clearly legible, accurate, and verifiable. ***Players: Complete both sides***

PLAYER NAME (print)	STREET ADDRESS*(No PO Box)	CITY	ZIP	CELL PHONE	Office Use NR Fee? $20 or ✓
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Current Proof of residency required; copy of driver's license, utility bill or bank account deposit slip.
City boundaries are approximately Natural Bridges State Beach to the Santa Cruz Yacht Harbor.

All information provided on the front and back of this form is valid and verifiable. **Complete both sides.**

MANAGER'S SIGNATURE: _____ **DATE:** _____

Office Use Only:

Previous league:_____ Priority:____ League fee: $_____

Previous season/record:_____ Non-res fee: $20 x ___: $_____

Note:_____ Total due at registration: $_____

Cash Register validation:

SOCCER - Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1.Voluntarily and of my own free will, I elect to participate as a member of the soccer team indicated below and in consideration for the City of Santa Cruz's agreement to allow my participation I voluntarily elect to accept and abide by City Parks and Rec softball league rules and the SANCRA Code of Conduct. I further agree to abide by and obey all laws while I am on City property in connection with my participation and acknowledge that my failure to obey the rules, code of conduct or laws will be cause for the City, without further warning and without refund of fees, to forfeit one or more of my team's games or to expel me or my entire team from the league.

2. I understand that there are certain risks and hazards involved in participating in soccer that may result in injury or death to me or other players, including but not limited to, those hazards associated wtih weather conditions, playing conditions, equipment and other participants.

3. I understand that the very nature of the game of soccer is hazardous and risky, including, but not limited to, the acts of throwing, kicking and playing of the ball, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

4. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) upon the premises of any and all of the venues arranged for by my team or league for practice or play.

In consideration of participation on this team, I on behalf of myself, hereby agree to release, hold harmless, indemnify and defend the City of Santa Cruz, its agents, employees, and volunteers from any and all claims or liability (including attorneys' fees and defense costs) for bodily injury or property damage arising from my negligence or willful misconduct relating to my participation in the above program. My duty to release, hold harmless, indemnify and defend the City of Santa Cruz shall not apply only when (1) the injury to person or property arises wholly from the negligence or willful misconduct of the City or its agents or employees or volunteers and (2) I have contributed in no part to the bodily injury or property damage. I hereby give the City of Santa Cruz Parks and Recreation Department the right to use photographs taken of me while participating in the above activity for reproduction in any medium for purposes of advertising, trade, display, exhibition, or editorial use.

_____	**City of Santa Cruz**
Name of Team	Field Owner of Other Entity

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME (print)	SIGNATURE	DATE	EMAIL ADDRESS
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All information provided on the front and back of this form is valid and verifiable.

MANAGERS SIGNATURE: _____ **DATE**: _____