

# MADISON SOCCER LEAGUE



## ADULT LEAGUE

For players 18 to 90! We will be forming two different leagues.  
A U28 and a U90 to play at different times  
Your team will depend on age.  
No High School Players

**FEES: \$35.00 per season**  
(New shirt included)

Make checks payable to:  
**Madison Soccer League**

Please mail form to the Adult League Representative or drop off form at Sports & Sports.

**A COPY OF YOUR DRIVER LICENSE MUST BE INCLUDED**

**Adult League Rep: Heather Staffiera**  
3642 Wood Rd  
Madison, Oh 44057  
440-428-6672

**League President: Tom Epple**  
440-428-7981

Amount Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

### Player Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**SHIRT SIZE-----(circle one)**  
AS AM AL AXL AXXL

We want to balance the teams with experience.  
What is your soccer experience? (Circle one)

None Recreational High school College

**All level of players welcome**

### MEDICAL AND LIABILITY RELEASE BELOW MUST BE SIGNED FOR YOU TO PLAY

Medical Problems or Restrictions: \_\_\_\_\_

#### CONSENT FOR MEDICAL TREATMENT

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry only if I am incapacitated in any way. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of myself.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

#### IMPORTANT

I agree that I will abide by the rules of the Madison Soccer League Recognizing the possibility of physical injury associated with soccer. I hereby release, discharge, and / or otherwise indemnify the Madison Soccer League and sponsors, their employees, and associated personnel including the owners of the fields and facilities utilized for the Programs, against my claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and / or being transported to or from the same, which transportation I authorize.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: