



Soccer Palooza Registration Form

Participant Registration Form

MAIL TO: P.O. Box 1864, Highland, IN 46322

Participant Name: _____

Age: _____

Address: _____

Email Address: _____

Phone: please circle one - (Landline) (Mobile): _____

I give permission to take my child's photo for possible publication. Yes ☐ No ☐

I give permission for my child to participate in Highland Soccer Club's Soccer Palooza. Yes ☐ No ☐

Shirt size of participant. (Circle one) YXS YS YM YL YXL AS AM AL AXL AXXL AXXXL

The undersigned understands that the Highland Soccer Club, Town of Highland, Highland Parks Department, sponsors, or any of its affiliates are not responsible for any loss or injury during games, practices or Club activities. As the parent or legal guardian of the above-named player, I hereby give my consent for this player to participate in the Highland Soccer Club Soccer Palooza and agree that you may photograph my child during said activities and that you retain the right to use these visual images to promote the club. I hereby release and discharge the Highland Soccer Club, its officers, coaches and volunteers, and all its affiliates for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation in any club activities.

Signature of Parent or Guardian : _____