



Soccer Palooza 2014

August 10th at Sharp Athletic Complex 12pm-2pm

Participant Registration Form

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

Participant's Name _____ Age _____

Address _____

E-Mail Address _____

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.

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 / Guardian _____ Date _____