



Sportzone

2484 W. State St. • Alliance, OH 44601 • Tel 330-823-3320 • Fax 330-823-9450

INTRODUCING OPEN WOMEN'S PICK-UP SOCCER THURSDAYS 7-9PM BEGINNING JANUARY 21st through APRIL 1st

\$30 REGISTRATION FEE PAYS FOR 5 NIGHTS UP FRONT

Checks payable to SPORTZONE (Memo:Open Women's)

ONLY \$5 FOR EACH ADDITIONAL NIGHT – (BRING EXACT CHANGE)

COME AND JOIN US FOR SOME 5 v 5 PICK-UP SOCCER – PLAY LASTS FROM 7-9 BUT YOU CAN LEAVE AS YOUR SCHEDULE PERMITS

**REGISTER ONLINE at WWW.SPORTZONESOCCER.COM
OR SUBMIT FORM VIA MAIL OR AT SPORTZONE DESK WITH \$30**

NAME _____ BIRTHDATE _____

ADDRESS/CITY/ZIP _____

PHONE _____ EMAIL _____

LIABILITY RELEASE

I/We, The parents or guardians of _____ (child)

Acknowledge and fully understand that he or she will be participating in activities that involve risk of serious injury, permanent disability, or death, which might result not only from the child's own actions, interactions or negligence of others, the rules of play or the conditions of the premises or of any equipment used, in consideration of the child being allowed to participate in any way in the SPORTZONE and all and any related activities. I/We and our agents and/or assigns, unconditionally release, waive, discharge, and covenant not to sue, and hereby agree to hold harmless the SPORTZONE, its officers, agents, employees, or referees or person associated with the SPORTZONE, its sponsors and owners, and lessees of the premises used to conduct the event, from any and all liability for any and all claims, demands, losses, or damages on account of injury, including death, or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

I/We also understand that our/my child can be removed from the league by the directors for unsportsmanlike conduct, immoral activity, unethical play, drug or alcohol abuse, and any other activities that are not construed to be in the best interest of the team or any or its players, or the SPORTZONE. I/We also understand that any and all sign up fees received by the SPORTZONE shall not be refundable, and become a part of SPORTZONE.

I/We fully understand and accept the terms of this Liability Release, and have had a reasonable opportunity to have this Liability Release reviewed by an attorney. I/we have full authority to provide this Liability Release on behalf of my child, myself and any other person withstanding to bring suit on my child's behalf.

PARENT/GUARDIAN

PARENT/GUARDIAN

DIVISION OPEN WOMEN'S SPRING 2010

DATE _____