



CAPITAL INDOOR SOCCER LEAGUE  
PARTICIPATION & WAIVER FORM

In order to participate in the Capital Indoor Soccer League, all players must complete this form:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Contact #1: \_\_\_\_\_ Phone Contact #2: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Team Name: \_\_\_\_\_ League: \_\_\_\_\_

In consideration or participation in all league events, the undersigned person hereby releases and indemnifies Capital Soccer Incorporated, The Central Vermont Memorial Civic Center, The Stowe Arena, and personnel, volunteers, referees, sponsors, officials, directors, employees, independent contractors, or owners from any liability claim on behalf of the registrant. In case of emergency, I grant permission for the above individual to be given emergency treatment at a local medical facility. In the event that a parent or guardian cannot be reached, I authorize the hospital, clinic, or doctor to provide whichever medical services deemed necessary. Furthermore, the undersigned persons agree to abide by all of the Capital Soccer League Indoor Laws of the Game and the rules and regulations of the Central VT Memorial Civic Center and The Stowe Arena. I hereby acknowledge that I have read the above, I understand it, and agree to all terms. I recognize that soccer is a physical, contact sport, and that injuries from participation may occur. All players under the age of 18 years old must have a parent or legal guardian sign this release clause.

Player Name (Printed) \_\_\_\_\_

Player Signature: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Name (Signed): \_\_\_\_\_

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