

## HOW TO USE THE RELEASE FORMS

If your town requires that parents must sign your town's release form when they register their child into your program  
all you have to do is:

1. Fill out the bottom of this form and sign it.
  2. Attach a copy of the release form your town uses.
  3. Bring the completed form to Tony Espiritu when you are registering your teams.
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If your town does not use its own release form,  
you must:

1. Fill in the names of each player you plan to register on the release form attached to this instruction sheet. Use one release form for each team.
  2. Have each parent read the form and sign it. He parent can note any medical problems on the form.
  3. Fill in the bottom of each release form and sign it.
  4. Bring the completed forms to Tony Espiritu when you are registering your teams.
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I, (print your name) \_\_\_\_\_ the representative of (town name) \_\_\_\_\_ certify that the parents or guardians of all of our registrants were required to sign the enclosed release form prior to the registration of their child in our program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** The procedure described above is a requirement of our insurance underwriter. Failure to comply with this procedure may jeopardize your insurance coverage.

# PASCACK VALLEY INDOOR SOCCER LEAGUE – 2008 RELEASE FORM

I, the parent or guardian of the player listed below, a minor; do hereby give my permission for said registrant to participate in any and all soccer related activities of the Pascack Valley Indoor Soccer League. Both I and the registrant agree to abide by the rules of the League. I recognize that soccer is a physically demanding sport and I certify that the registrant is in sound physical condition, free from illness, injury or disability which would endanger his/her health.

I recognize that there is the possibility of physical injury and, in consideration for the League accepting the registrant into the program, I do hereby release, discharge, absolve, indemnify and agree to hold harmless the Pascack Valley Indoor Soccer League, its organizers, sponsors, supervisors, officers, coaches, referees, employees And associated personnel, including without limitations the owners of the fields and facilities utilized for the program as well as participants and persons transporting such registrant to, from or during such activities and any and all matter of claims arising out of injuries or otherwise to the registrant for any cause.

Further, the undersigned does hereby give his/her consent for emergency medical care, in the event such care is required, for the health, safety or welfare of the registrant due to illness or injury at a time when the person(s) or legal guardian is not present or available.

**Name of town:** \_\_\_\_\_ **Division** \_\_\_\_\_ **Boys** \_\_\_\_\_ **Girls** \_\_\_\_\_

| Print Name of Player | Signature of Guardian | Health Related Remarks |
|----------------------|-----------------------|------------------------|
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| 20                   |                       |                        |

I, (print your name) \_\_\_\_\_ the representative of this town certify that the above represents the full roster of this team and that the signatures are all genuine.

Signature \_\_\_\_\_ Date \_\_\_\_\_