

Mar Vista Family Center

Futsal League Registration Packet

Before you start:

Visit marvistafc.org/futsal
and read the page in its entirety

Include the following with this packet:

Copy of your Photo ID (*i.e. California ID, Driver's License, Passport, School ID, or other legitimate proof of age*)

A headshot (*i.e. passport style photo or any other CLEARLY identifiable recent photo is okay*)

Copy of Proof of insurance

Full payment of \$30

Mar Vista Family Center Futsal League Registration Form

Player Information:

Name (First, Last):		
Street Address:		
City:	State:	Zip:
Phone #:		
Email:		

Are you a team captain?

Is your team open to adding free agents?

Team Details

Team Name (If Associated):
Full Name of Team Captain:

If team captain list team members:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

By signing this form I am acknowledging that the information above is true and correct to the best of my ability and that I have read and understood the rules and regulations specified in MVFC's Futsal League Information page (marvistafc.org/futsal).

Signature: _____ Date: _____

Participant Waiver of Liability, Assumption of Risk, Media Consent, and Emergency Contact

RELEASE OF LIABILITY FOR PARTICIPANTS

****READ BEFORE SIGNING****

In consideration of, _____ (First and last name of participant), me, being allowed to participate in any "Mar Vista Family Center" athletic/sport program, event, league, and/or activity, I, understand, acknowledge, and agree that:

- 1) The risk of injury from the activities involved in all "Mar Vista Family Center" associated athletic/sport programs, events, leagues, and/or activities may be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- 2) I, FOR MYSELF, knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation and any consequences thereof EVEN IF ARISING FROM THE NEGLIGENCE OF "Mar Vista Family Center" and any of its directors, officers, officials, agents, employees, volunteers, sponsoring agencies, sponsors, partners, all other relevant associated/affiliated organizations, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"); and

- 3) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my own readiness for participation and/or any unusual significant hazard in the program itself during my presence and participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

- 4) I for myself and on behalf of my heirs, assignees, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS "Mar Vista Family Center and its the directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, partners, all other relevant associated/affiliated organizations, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

- 5) I, for myself and on behalf of my/our heirs, assignees, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____ Date: _____

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that the "Mar Vista Family Center" does not provide medical insurance coverage for activity participants and that such participants must provide any applicable medical insurance individually.

In the case of injury or medical emergency and in the event that an emergency contact, , cannot respond immediately at the time of the emergency, "Mar Vista Family Center" has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for the affected participant's welfare, and it is understood that the participant, and NOT the "Mar Vista Family Center", shall be responsible for any and all charges for such health care services regardless of whether the participant's medical insurance would cover such charges.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Media Consent

I give permission to the Mar Vista Family Center to photograph and take video of me during program activities. The pictures and video taken will be used for Mar Vista family center purposes and its activities.

Signature: _____ Date: _____

Emergency Contact Information

First Contact

Name: _____ Relation: _____
Phone: _____ Phone 2: _____

Second Contact

Name: _____ Relation: _____
Phone: _____ Phone 2: _____