

Registration Form

Name: _____ Gender: M F

Address: _____
City Zip

Daytime Phone #:(____) _____ Evening Phone #:(____) _____

Emergency Contact:

Name: _____

Emergency Telephone: (____) _____

League: ADULT

League Contact Person: Jon Hahn 440-729-4748

Location: West Geauga Commons, Soccer Field # 2 (Lower Field)

Day/Time: Sundays, May 24 – November 1, 2009 6:30-9:30 PM

Cost: \$25.00

WAIVER: The undersigned hereby waives all rights against the West Geauga Recreation Council, its officers, employees, and volunteers for any injury sustained during participation in the Adult Soccer Program, hereby assuming all risks of injury whether caused, or contributed to, by the actions of omissions of the WGRC, or its members, employees, or volunteers.

Signature _____

Check or money order must be included with registration form. Make payable to **WGRC**. NO CASH.
Mail Registration form to: SOCCER COMMITTEE, 12179 Shiloh Drive, Chesterland, OH 44026
Soccer Committee Contact Information: Kelly & Tatiana Riedel 440-729-1503,
Email: wgrcsoccer@yahoo.com