

Futsal – 2019

Team Name _____

League Age Group _____

Each adult participant must sign below. The signature of a parent or legal guardian is required for youth registration.

I, the undersigned or parent/guardian of the individual(s) named below, do hereby agree to indemnify and hold harmless the Wauwatosa School District and its employees, officers and agents from and against any and all liability resulting from participation in the activities listed below. I understand that the program(s) in which I am enrolling, like all activity programs, has some inherent risk, for which I agree to assume the liability. Furthermore, the individuals named herein are in good physical health appropriate for the activities in which they will be participating. I understand that the Wauwatosa School District does not provide accident insurance.

-PRINT-

NAME	ADDRESS	CITY	ZIP	PHONE # (Hm.)	PARENT'S SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

This roster must be mailed or e-mailed to the Recreation Department before your first game.