

**WEBER COUNTY RECREATION
ADULT SOCCER REGISTRATION /RELEASE FORM**

Amt. Pd. _____	Rcpt. No. _____	CC	CK	CA
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Coach: _____ Assistant Coach(name and number): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number Home: _____ Work: _____ Cell: _____

Division: Circle one 18-24 25 & older

Team Name: _____ Date: _____

Coaches Signature: _____

I agree to indemnify and hold Weber County, it's officers, officials, employees and agents harmless from any and all claims and to defend said county and pay for all costs incurred in the defense of claims against the county, it's officers, officials, and employees, and agents, which arise out of the activities of the applicant or any person participating as a member of the applicant's group.

All team members must sign individually. By not signing the player(s) are not eligible to play ball and will be considered illegal player(s).

Signature	Phone No.	Signature	Phone No.
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	
		21.(Alternate)	

Refund Policy: Refunds requested 15 days or more before league play will result in a **\$30.00** penalty.
 Refunds requested within 14 days of play will result in a **50%** penalty.
 Refunds requested after league starts will result in a **100%** penalty.
 Full refunds will not be granted unless league is canceled by the Recreation department.

Coaches are responsible for all league fees, rosters and release forms.
 Call the rain-out number at 399-8226 after 2:00pm on inclement weather days.