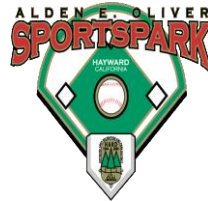


Hayward Area Recreation and Park District



H.A.R.D. Sports Office Adult Soccer League Team Registration Form



Please check the appropriate box(s). Failure may impact your team's placement:

LEAGUE REQUESTED: **CLASSIFICATION:** **LEAGUE NIGHT:** **ACTIVITY #** _____

Women's **30+** **TUESDAY**

STATUS: **TEAM NAME:** (if Returning) _____

Returning
 New

LAST SEASON PLAYED: **SPRING** **WHAT YEAR?:** _____
 SUMMER
 FALL

NOTES: _____

Team Name

Manager's Name

Email Address

Phone

Date of Birth

Manager's Address: Street, City, Zip

Responsibility Agreement, Waiver and Release

I have carefully read the description of the League(s) for which I/we are registering and in consideration for being permitted by the Hayward Area Recreation and Park District to participate in the [above] activity [described in this packet], I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Hayward Area Recreation and Park District (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity. **I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE HAYWARD AREA RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.** **E-MARKETING SIGN-UP AND PHOTO RELEASE:** I understand that by providing my email address I am giving the District permission to sign me up for e-news alerts including District related Constant Contact, Facebook, and District and program alerts. I understand I may unsubscribe at any time. I understand my email address will not be sold. By signing this registration form, I hereby authorize the District to use photographs and/or video of the above-named participants for the purpose of District Marketing including print, email marketing, and web-based content.

Signature _____ **Date** _____

METHOD OF PAYMENT: Payment by check or money order made payable to H.A.R.D. **RETURN CHECK POLICY:** A \$35.00 fee will be charged for returned checks. **CASH** **CHECK #** _____ **CLEINT CREDIT** **CREDIT CARD**

Credit Card Number

Expiration Date Verification Code

Authorized Signature

Office Use Only				
Year	Season	Record	Playoffs	Championship

IMPORTANT INFORMATION: Registration will **NOT** be processed unless **ALL** of the information on this form is completely filled out, payment is received in full and the liability agreement has been signed.

ROSTERS NEED TO BE COMPLETED ON OUR WEBSITE AFTER REGISTRATION HAS BEEN COMPLETED.

www.TeamSideline.com/Hayward