

2017 – 2018 Jasper Indoor Soccer Registration

Mail Registration & Check to:
Jasper Skate Palace
1013 4th Avenue Jasper, IN 47546

Player's Name: _____

Parent/Guardian Name(s): _____

Address: _____ Zip: _____

Phone Number(s): _____

Email Address: _____

Age: _____ Sex: _____ Date of Birth: _____

Grade Currently in: _____

Any Medical Conditions? _____

Shirt Size: YXS(4/5) YS(6/8) YM(10/12) YL(14/16) AS AM AL

Will you help run the team during game play? Y N Name: _____

Age 4 to Kindergarten: \$45.00 1st Grade and Older: \$55.00

Received by Manager: _____ Date: _____

Release of Claims for Injury

I/We waive any and all rights and claims against the Jasper Skate Palace, its board of directors, and/or staff arising in or out of participation in the Jasper Indoor Soccer Program. I/We do further agree to hold the above named blameless for any liability whatever arising from injuries suffered by the person registered above while on the premises or as a participant in the program.

Waiver (Must be Signed): _____