

Windy City Korean Soccer Club(WCKSC)
윈디시티 사커클럽(윈디시티)

REGISTRATION FORM and Member Waiver, Release of Liability Agreement

MEMBER'S INFORMATION

Name(한글): _____

Name(English): Last name: _____ First name: _____

Date of Birth(mm/dd/yyyy): _____

Phone Numbers: Cell: _____ Home: _____ Work: _____

E-mail ID: _____

Address: Street: _____

City: _____ State: _____ Zip code: _____

CONTACT IN AN EMERGENCY:

Name: _____ Phone: _____ Relationship: _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK: I, the registrant will abide by the rules of the **WCKSC**. Recognizing the possibility of physical injury and or possible permanent injury, disability or even death associated with all events of **WCKSC**, I hereby release, discharge and/or otherwise indemnify the **WCKSC**, its owners, its affiliated organizations and sponsors, their employees and board members, including the owners of the fields and facilities utilized for the games, against any claim by or on behalf of the registrant as a result of the registrant's participation in the games or any related activities. THERE IS NO MEDICAL OR DENTAL INSURANCE. PLAYERS ARE RESPONSIBLE FOR ANY MEDICAL/DENTAL COSTS RELATED TO SOCCER INJURIES WHILE PLAYING SOCCER.
I, THE MEMBER HAVE READ AND AGREE TO ABIDE BY THE RULES, REGULATION AND CODE OF CONDUCT OF THE **WCKSC**.

SIGNATURE OF MEMBER: _____ **DATE** _____

PARTICIPANTS MUST BE 18 YEARS OR OLDER. or Parent/Guradian must read and sign