

**Twilight Soccer League**  
**Registration and Waiver**

Team \_\_\_\_\_

Players Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Other specific medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_ at

(phone) \_\_\_\_\_ .

I hereby waive and release Rahway Division of Parks and Recreation, the City of Rahway, their agents or employees from any and all claims, costs, expenses, liabilities, or judgments, including attorney's fees and court costs (herein, collectively "Claims") arising out of my/my child's participation in the City's programs or any illness or injury resulting there from. I further agree to indemnify and hold harmless the Rahway Division of Parks and Recreation, City of Rahway, their agents or employees from and against any and such Claims except Claims caused by gross neglect or willful misconduct. In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Parks and Recreation to administer emergency care for my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_