

Twilight Soccer League
Registration and Waiver

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 therefrom.

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 _____