



**AFRICAN COMMUNITY
INTERNATIONAL INC.**

African Community Soccer League

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2010 African Fest Soccer Tournament

ADULT PLAYER REGISTRATION AND INSURANCE WAIVER

Club Name: _____

Team Name: _____

City: _____ State: _____

I hereby consent to participate in the above tournament.

Player's Signature _____
Date

PLAYER'S INFORMATION

Player's Name: _____ Birth Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () Cell Phone: () Work Phone: ()

Driver's License #: _____ State: _____ Email: _____

Please list any Allergies: _____

Please list any other medical conditions: _____

In an emergency, please contact the following:

Name: _____ Home Phone: () Cell Phone: ()

LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization.

I hereby release, discharge, and otherwise indemnify my club and team, African Community International Incorporation, their sponsors, the African Community Soccer League and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in 2010 African Fest Soccer Tournament.

I am responsible to cover myself with all necessary insurance.

Player's Signature: _____ *Date:* _____