



NORTH BAY MASTERS SOCCER LEAGUE

Membership and Waiver Form

921 Piner Road, Santa Rosa, CA 95403
(707) 581-2044 fax
www.nbsportscity.com

NBMSL MEMBERSHIP & WAIVER FORM: 18 years and older

Office Use Only: MEMBER ID# _____ PAID \$ _____ DATE _____ MGR. _____
Team Name _____

Please **PRINT** information below:

FIRST NAME _____ LAST NAME _____ M.I. _____

ADDRESS _____

CITY _____ ZIP CODE _____

DAY PHONE _____ EVE. PHONE _____ MOBILE _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

BIRTHDATE: ____ / ____ / ____
YEAR MONTH DATE

GENDER Male Female

E-MAIL ADDRESS (to receive receipts, schedules, game reminders, etc.) _____

Do you currently have medical insurance? YES NO

LIABILITY/INJURY WAIVER AND RELEASE

I AM FAMILIAR WITH THE NATURE OF OUTDOOR SOCCER. I UNDERSTAND THAT PARTICIPATION IN OUTDOOR SOCCER CAN BE DANGEROUS AND I ACCEPT ALL RISKS OF INJURY AND DEATH.

I ACCEPT THAT THE N.B.M.S.L. IS ONLY PROVIDING AN OPPORTUNITY TO PLAY IN AN OUTDOOR SOCCER LEAGUE. I ACCEPT THAT N.B.M.S.L. DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE. IN CONSIDERATION FOR THE PRIVILEGE TO PARTICIPATE IN THIS LEAGUE, I AGREE TO ASSUME ALL RISKS AND RELEASE AND HOLD HARMLESS THE N.B.M.S.L. AND SPORTS CITY AND ALL OF THEIR STAFF, AGENTS, OWNERS, OFFICERS, PROPERTY OWNERS, LEAGUE DIRECTORS, OFFICIALS, SPONSORS AND ANY OTHERS HAVING AN INTEREST IN THE ORGANIZATION FROM ALL LIABILITY, NEGLIGENCE, CAUSES OF ACTION, CLAIMS, DEMANDS AND DAMAGES OF EVERY KIND WHICH MAY ARISE OUT OF MY PARTICIPATION IN ANY AND ALL ACTIVITIES IN THIS LEAGUE.

I WILL ENSURE THAT I WILL FAMILIARIZE MYSELF WITH THE RULES OF THE GAME AND WILL TO THE BEST OF MY ABILITY PLAY UNDER CONTROL AND AVOID INJURY TO MYSELF AND OTHER PERSONS WHILE PARTICIPATING IN THE N.B.M.S.L..

I UNDERSTAND THAT MY MEMBERSHIP AND/OR PARTICIPATION PRIVILEGE MAY BE REVOKED FOR VIOLATION OF ANY LEAGUE RULES AND REGULATIONS AS PER THE BOARD OF DIRECTORS. MEMBERSHIP AND TEAM FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

I ACCEPT ANY AND ALL RISK AS DESCRIBED ABOVE AND ACKNOWLEDGE SO BY SIGNING BELOW.

Signature _____ Date _____

MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE.

REVISED 27-APR-2009