

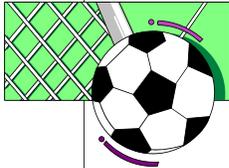
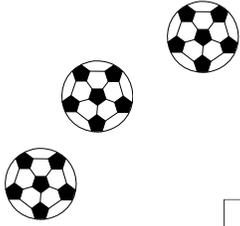


Community Services Department  
Adaptive Recreation Program

Kick it up with



# SPECIAL OLYMPIC SOCCER



**Beginning September 6, 2006**

Wednesdays from 6 - 7 p.m.

AND

Saturdays from 9 - 10 a.m.

Varney Park

11730 N 81st Dr

(South of Cactus)

For more information,  
call Paula at 773-7923

Athletes must have a current Special Olympics Medical Release Form on file in order to train and compete in Special Olympics. Athletes with Down's Syndrome must have a completed Atlantoaxial Disclosure form. Forms available at the Community Center.

## Soccer Registration Form for athletes ages 8 and older - 39226

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

Day phone : \_\_\_\_\_ Evening phone: \_\_\_\_\_

Emergency Contact 1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Disability : \_\_\_\_\_ Seizures? Yes \_\_\_ No \_\_\_

Medications: \_\_\_\_\_

T-Shirt size (circle one)      YM    YL    AS    AM    AL    AXL

Shorts size (circle one):      YM    YL    AS    AM    AL    AXL

### Waiver of Liability

I/we hereby release and forever discharge the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Peoria or its officers, employees, or agents.

Please Print Name:

M:\SpecOly\Sosoccer.pub \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_