

Schaumburg Park District Adult League

GUEST PLAYER FORM

Game Date: _____

ADULT OUTDOOR SOCCER

Team: _____ Division: _____

Name: _____ Jersey #: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

By signing below, players do hereby waive and release any and all claims against the Schaumburg Park District, its Commissioners, Employees or Volunteers for damages and/or injuries to the individual which may arise from participation in Schaumburg Park District programs/leagues.

Player Signature: _____ ***Date*** _____

*Guest players must check in with the field supervisor (or referee if a field supervisor is not present) at least 5 minutes prior to kickoff time. They must submit this form and show a valid photo ID that includes a birthdate.