

QuickFeet Soccer Recreation League Registration Form

The QuickFeet Soccer Recreational League (QSRL) actively promotes the play, knowledge, and development of the sport of soccer in Calvert County, Maryland.

QSI, the Maryland State Affiliate sponsors leagues and a competitive travel program. It also supports referee clinics and coaches training clinics. QSRL also hosts two annual recreation tournaments at the end of the Spring and Fall seasons.

Why Choose QSRL? You should choose us for your child if:

1. They want to have fun playing soccer.
2. They want to improve their soccer skills.
3. They love playing soccer.
4. They want to learn how to be a better soccer player.
5. They want to learn how to be a better team player.
6. They want to play with others who love to play soccer.



QuickFeet Soccer Inc. has a track record as one of the most successful youth organizations in and around the Washington, DC metropolitan area since 2005, and now in partnership with PFA it has arrived to Calvert County. Let us train your child and prepare him or her for Travel Soccer with PFA. Sign up today.

You DO NOT have to be a superstar to join QSRL.

Financial Assistance

QSRL wants kids to play soccer, regardless of their financial situation. Financial assistance is available. For more information, contact Justin Reid at (301) 577-7739.

Registration Information

Registration Fees: (circle your selection) The age is determined by the age stated above.

<u>Age</u>	<u>Teams</u>	<u>Spring Fees</u>
Under-8 years old	6 vs 6	\$70
Under-10 years old	7 vs 7	\$70
Under-12 years old	8 vs 8	\$75
Under-14 years old	11 vs 11	\$75

***EarlyBird Discount Registration Ends:** \$5/off single season available through January 15, 2011
Regular Registration Ends: Postmarked by February 15, 2011.

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Player's First Name _____ Last _____

Sex (Circle) M F Birthday: / / Age on 8/1/10 _____

School _____ Shirt Size: (circle) YS, YM, YL, AS, AM, AL, AXL

Mother's birth month and day (for player ID#) (month) (day)

Parent(s) _____ Phone # _____

Address _____ Mom's Cell# _____

City, St, Zip _____ Dad's Cell # _____

E-mail Address _____ Work # _____

We need volunteer coaches. We provide Developmental Programs per age group. If you are interested in coaching, we will train you. Do you want to volunteer to help with soccer? **Yes No**

Total Fees Enclosed (early bird discount?) \$ _____

Out of state players must first be released from their state soccer associations before they can be registered with QSRL/PFA.

Comments/Special Requests (The QSRL may not be able to honor all requests)



Please remember to sign all of the waivers on the back of the form. Thank you!

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DO NOT give forms to a coach. Please mail them to:

Make checks payable to:

QuickFeet Soccer or

QSI

If a check is returned without payment, a

\$25 fee will be charged.

Mail your registration form and payment to:

QSI – PO Box 1250

Greenbelt, MD 20768

QSRL Soccer Leagues

- The spring and fall season usually consist of a 6-game recreational soccer league.
- Games are usually held on Saturdays. Locations and Times are TBD.

For more information, call the QSRL at 301-577-7739

www.quickfeetsoccer.org

Basic Medical Liability

The QuickFeet Recreational Soccer League, QuickFeet Soccer, Inc., Prince George's County, MD, and any other municipality, or other entity in which an event or activity shall be located, their respective administrators, officers, directors, board members, representatives, agents, coaches, hosts, other participants, operators, officials, and any person involved in the club, sponsors, advertisers, owners, and lessees or premises used to conduct the event and each of them, their officers and employees, all for the purpose herein referred to as "releases", from all liability to the undersigned. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the area or in anyway competing, officiating, observing, or working for or for any purpose participating in the event and whether caused by the negligence of the releases or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in or upon the area and/or while competing, officiating, observing, or working for or for any purpose participating to this event. EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities at the event and in the areas are dangerous and involve the risk of serious and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the forgoing release, waiver, indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Providence or State in which the event is conducted and that is any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force an effect. In the event that I sustain injury or illness while competing, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so. UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements or inducements part from the foregoing written agreement have been made. This waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized, or promoted by said releases during the entire season, including, without limitation, local or regional qualifying events, wherever located, and applies to each and every event, activity hereinabove mentioned, and has the same effect as if effectively released and indemnified s to each and every event hereinabove described.

PARENT/GUARDIAN WAIVER-RELEASE

If applicant is under 18 years of age, the parent(s) or guardian(s) must execute, in addition to the above, this following waiver. The undersigned referred to as the parent and natural guardian or legal guardian of child/children registered on this form does thereby represent that he/she is in fact, acting in such capacity and agrees to save and hold harmless and indemnity each and all of the parties involved with this soccer program as stated above.

Medical Waiver

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability

Parent/Guardian Signature: _____ Date: _____

Basic Photo Waiver

I also give permission for my child to be photographed for use without name identification on the Soccer club's website or other promotional materials.

Parent/Guardian Signature: _____ Date: _____