



NORTHERN ILLINOIS SOCCER LEAGUE

Check us out @ www.northernillinoisoccerleague.com

Established in 1975

POSITIVE COACHING REGISTRATION FORM

Pre Registration \$10.00 and please send to the NISL Office @ 545 Consumers Avenue, Palatine IL 60074

- WHEATON** Thursday, February 2nd, 2006 ♦ 7:00 pm - 9:00 pm
Rice Community Center ♦ 1777 South Blanchard, Wheaton, IL 60187
- LIBERTYVILLE** Tuesday, February 7th, 2006 ♦ 7:00 pm - 9:00 pm
Libertyville Sportsplex ♦ 1950 N Highway 45, Libertyville, IL 60048
- ELK GROVE** Wednesday, February 15th, 2006 ♦ 7:00 pm - 9:00 pm
Sheraton Suites Elkgrove ♦ 121 Northwest Point Blvd., Elkgrove, IL 60007
- LYONS TOWNSHIP** Thursday, February 23, 2006 ♦ 7:00 pm - 9:00 pm
Lyons Township South High School
4900 Willow Spring Road (Gilberts), Western Springs, IL 60558
- PLAINFIELD** Tuesday, February 28, 2006 ♦ 7:00 pm - 9:00 pm
Plainfield Central High School ♦ 611 W. Fort Beggs Drive, Plainfield, IL 60544
- DOWNERS GROVE** Wednesday, March 8th, 2006 ♦ 7:00 pm - 9:00 pm
Downers Grove ♦ TBA

Last Name: _____

First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Team Name: _____

Club Name: _____

Age Group: _____ Boys Team Girls Team

Liability Waiver

I the undersigned applicant/participant fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Northern Illinois Soccer League, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as reasee from all liability, loss, or caused or alleged to be caused in whole or in part by the negligence of the reasee. I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

med.rel revised cep.app revised 08/04/98

Course Participant/Applicant's Signature: _____ Dated: _____