

**FALL 2014 INDOOR SOCCER LEAGUE
NOW FORMING**

Our Team Our Goal



SPIRIT LEAGUE

SPECIAL NEEDS INDOOR SOCCER LEAGUE FOR ALL AGES AND DISABILITIES

**TUESDAYS
SEPT. 23 - OCT. 14
6:30 PM
\$10 PER PLAYER**

**GAMES PLAYED AT
JACKIE COOPER GYM
1024 E. MAIN
YUKON**

**REGISTRATION:
532 W. MAIN
YUKON, OK
(405) 350-8937**

SPONSORED BY MANDI'S MINISTRIES AND YUKON PARKS & RECREATION

REGISTRATION FORM



PARTICIPANT

Name: _____ Sex: M F

Guardian (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Date of Birth: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____ Alt. Number: _____

Relation: _____

PARTICIPANT MEDICAL

Please list any medical conditions, limitations or special needs that the Yukon Spirit League will need to be aware of: _____

COST

\$ _____ Soccer Fee \$10.00

\$ _____ Total Enclosed (Make Checks payable to: Yukon Spirit League)

Participation Waiver on back must be signed.

REGISTRATION FORM



WAIVER

I/We, the parents and/or legal guardian of the above named candidate for a position on the Yukon Spirit League, hereby give my/our approval to participate in any and all league activities. I/We will obey and will encourage my/our child and those I/We come in contact with during league activities.

I/We furnish all risk and hazards incidental to participation in the league activities, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Yukon Spirit League or Mandi's Ministries, the athletic organizations, City of Yukon, sponsors, other participants and persons transporting my/our child to and from services: for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause.

In the event the parents or legal guardian of the above name child cannot be reached to authorize emergency medical or surgical treatment, the parents or legal guardian whose signature is attached below does hereby consent to any and all medical treatments including anesthesia, treatments, operations and diagnostic procedures which may occur during the course of the patient's care be deemed advisable or necessary. This authorization is valid only while said player is away from his/her legal address and for the purpose of participation in the Spirit League activities.

Signature of Legal Guardian

Date

RETURN FORM

Mail or Return this form to:

**Spirit League
532 W. Main
Yukon, OK 73099**

**For questions, call the Parks & Recreation Office
at (405) 350-8937 or email us at jbeal@cityofyukonok.gov**