

CLARKE COLLEGE INDOOR FUTSAL LEAGUE

Please complete the registration form and
return with full payment to:

Clarke College
Athletic Department
1550 Clarke Drive
Dubuque, Iowa 52001

Team Name _____

Team Contact _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Please check one:

- OPEN (6 vs. 6) \$450
- OPEN (6 vs. 6/5 vs. 5) \$450
- HIGH SCHOOL (5 v. 5) \$450

Questions? Please call Andrés Leza at
(563) 588-6711.

PLEASE MAKE CHECKS PAYABLE TO
CLARKE COLLEGE SOCCER.

Registration must be received by
MONDAY, DECEMBER 28, 2009.

Thank you for your registration.

www.clarkecrusaders.com



CLARKE COLLEGE
FUTSAL
LEAGUE

January 10-March 14, 2010

ABOUT THE LEAGUE

No need to put your boots and game away for the season, just put on some indoor boots and step inside.

Clarke College and Clarke Men's and Women's soccer teams are offering you the opportunity to continue to play and work on your game year-round.

WHAT

Clarke Indoor Futsal League
Open, Co-ed and High School (Incoming 9th through 12th graders)
Divisions may be combined depending on number of teams

WHEN

Sunday, January 10 through Sunday, March 14, 2010
Sundays: Noon - 5 p.m.

WHERE

Clarke College Robert and Ruth Kehl Center

COST

FEE \$450

REGISTRATION DEADLINE

Monday, December 28, 2009. Entries will be accepted on a first-come-first-serve basis.
Entry will be limited to 8 teams in each division.

FORMAT

6 game league plus playoff championship. Matches will be played on a 50 x 45 (yd.) court and will consist of two 20 min. halves and a 3 min. halftime period.

RULES/SCHEDULES

Final schedules and complete rules will be sent via e-mail or postal mail to the team contact person the week before the stage of the league. Co-ed: Minimum of 3 females on the court not including goalie.

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke College nor the Clarke College Clinic/Camp carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke College or the Clinic/Camp responsible for payment of medical expenses.

As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Clinic/Camp activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke College Clinic/Camp against Clarke College and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned.

In the event of an emergency, I authorize Clarke College Clinic/Camp officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

I have read the Permission to Secure Treatment, the Hold Harmless Agreement, and the Waiver to Release all Claims and my signature on the roster form is acknowledgement that I have read and agreed to all aspects of each.

The parent/guardian signature is to confirm that you have read and agreed to all aspects of the hold harmless agreement, waiver to treat and release of claims.

Signature of parent/guardian

Date

If the parent/guardian is unavailable, in the event of an emergency please contact:

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Other Phone _____

PLAYER ROSTER

PLEASE PRINT PLAYERS NAME CLEARLY.

THE PARENT/GUARDIAN OR PLAYERS SIGNATURE IS TO CONFIRM THAT YOU HAVE READ AND AGREED TO ALL ASPECTS OF THE HOLD HARMLESS AGREEMENT, WAIVER TO TREAT AND RELEASE OF CLAIMS.

PARENT/GUARDIAN SIGNATURE IS REQUIRED IF PLAYER IS UNDER 18.

1. NAME _____

SIGNATURE _____

2. NAME _____

SIGNATURE _____

3. NAME _____

SIGNATURE _____

4. NAME _____

SIGNATURE _____

5. NAME _____

SIGNATURE _____

6. NAME _____

SIGNATURE _____

7. NAME _____

SIGNATURE _____

8. NAME _____

SIGNATURE _____

9. NAME _____

SIGNATURE _____

10. NAME _____

SIGNATURE _____

11. NAME _____

SIGNATURE _____