



**Individual Indoor MAC Soccer Maintenance (MSM) and Waiver
Required for ALL soccer players playing from 8/1/07 - 7/31/08**

\$10.00/indoor season Date Paid: ____/____/____ Expiration Date: 7/31/08

Player's Name: _____ Birth Date: ____/____/____

Parent/Guardian Name: _____

Address: _____ City _____ Zip _____

Home Phone: (____) _____ Emergency Phone (____) _____

E-Mail address: _____

Playing in: U6-U14 Men's Open College Late Night OFL OHL

Completion of this form and payment of the MSM fee allows you to register for indoor soccer programs here at the MAC. This is due as of 8/01/07 and will be due again 8/01/08.

In consideration of being allowed to participate in any way in the sporting programs offered and related events offered by The Missouri Athletic Center, the undersigned acknowledges that:

1. The risk of injury from the activities involved in this program is significant, including potential paralysis and death in extreme situations, and while particular rules, equipment, knowledgeable staff, and personal discipline may reduce this risk, the risk of serious injury does occur.
2. I knowingly and freely assume all such risks, both known and unknown. Additionally, I assume full responsibility for my participation, and
3. I willingly agree to comply with the stated and customary terms and conditions for participation
4. I for myself and on behalf of my heirs, assigns, and next of kin, HEREBY RELEASE AND HOLD HARMLESS MISSOURI ATHLETIC CENTER, its officers, officials and agents, employees, other participants, owners and lessors of the premise used to conduct the events and programs mentioned above, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO ANY PERSON OR PROPERTY.
5. Signature below acknowledges that I have read the above Release of Liability and Assumptions of Risk Agreement. I fully understand its terms. I sign freely, and without inducement.

Player/Parent /Guardian Signature: _____ Date: ____/____/____

Charge Privilege Request Information (optional)

Agreement (Please Print Name)

I, _____ agree and accept the opportunity to make "House Charges" to my MAC account for purchases made at the MAC (Concessions, pro-shop, registration fees etc.). These charges will be paid electronically via account representation below on the 7th of each month.

Account Selection:

Checking _____ Bank Name: _____

Routing # (9 digits) _____ Account # (7 digits) _____

(or attach voided check)

Savings _____ Bank Name _____

Routing # (9 digits) _____ Account # (7 digits) _____

Visa# _____ - _____ - _____ - _____ Exp. ____/____

Mastercard# _____ - _____ - _____ - _____ Exp. ____/____

Discover# _____ - _____ - _____ - _____ Exp. ____/____

Approval and Acceptance:

Date: ____/____/____

(Participant or Parent/Guardian Signature)

Acceptance: The maximum limit for house charges is set at \$250,000. To cancel this privilege I may do so with a 30 day notice from the 7th of any month at the front desk of FIT/MAC

Initials(signed above)

MAC Rep Initials

Player's MAC #