



Jefferson County Parks & Rec

★ Co-ed Adult ★ Pickup Indoor/



Starting October 17th, 2018
Wednesdays 7:30pm-9pm
Fridays 7:30pm-9pm



Come join the Parks & Rec. Adult Indoor Soccer -
Have a blast playing soccer with friends while
keeping your skills sharp! Participation waivers
are available at the Rec Center or at
www.countyrec.com.

- 18 years and older
- All skill levels welcome to play!
- \$2 drop-in Fee
- Good sportsmanship and clean play is enforced
- Futsal style
- Blue Heron Middle School Gym
- **No open gym on** Friday Oct 19th and Friday Oct 26th and all school closures and holidays.



For more info contact Nathan Land (360)
774-1679 junglis@gmail.com or call the
Rec Center 360.385.2221

www.countyrec.com

Jefferson County Parks and Recreation (JCPR)
Co-ed Pickup Adult Indoor/Outdoor Soccer 2018/19

Participant First Name Last Age M F Birthday
Mailing Address City Zip
Parent/Guardian One First Name Last
Parent/Guardian Two First Name Last
Home Phone Alternate Phone E-mail
Emergency Contact Phone
Allergies/Special Needs If yes, what

ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT

(Please read carefully)

- 1. All participants are advised that Jefferson County Parks and Recreation Programs (JCPR) may involve some strenuous physical activity.
2. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury...
3. On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge JCPR...
4. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs...
5. On behalf of myself and on behalf of my minor child, we have read and understand the Concussion Information Sheet...

I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I hereby consent to allow my child to participate in the JCPR Program...



Signature of Parent or Guardian Date Signature of Participant (18 Years & Older) Date

PHOTOGRAPH - VIDEO CONSENT

I hereby grant permission for myself or my child to be photographed or videotaped, without compensation, by JCPR, understanding that the same is intended for publication by print media, INTERNET newspaper, television, video or motion picture.



Signature of Parent or Guardian Date Signature of Participant (18 Years and Older) Date