



McDowell Soccer Alumni Game Registration

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Check your T-Shirt size:

Sizes Available: AS: _____ AM: _____ AL: _____ XL: _____ XXL: _____ XXXL: _____

Please check the one of the following:

_____ Alumnus - Graduation Year: _____

_____ Coach

_____ Parent of Alumni

\$15 per player

Make checks payable to McDowell Soccer Boosters

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Mail to: McDowell Soccer Boosters

c/o Barbara Fischer

4828 Old Sterrettania Rd.

Erie, PA 16506

**Proceeds from the Alumni Game benefit
the Andrew Polakowski Memorial Scholarship**

Waiver of Liability

I understand that there are risks associated with participation in the McDowell Alumni Soccer Game. I hereby acknowledge that I am assuming these risks, and accepting personal responsibility for any injury sustained by myself while participating in the Alumni Game. I further agree to release, waive, discharge and covenant not to sue the McDowell Soccer Boosters and any person associated with such organization, those individuals being its officers, managers, directors, coaches, referees or sponsors, should I sustain an injury while participating in said program. I further agree that I will abide by all specified rules and regulations of the organization and that I will not engage in reckless behavior. By signing this registration form, I give my consent to participate in the McDowell Alumni Soccer Game. I acknowledge that all information enter is true.

**THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT
THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.**

Date

Signature