



JOHNSON COUNTY
PARK & RECREATION
DISTRICT

NCF Soccer Guest Player Form

Guest Player's Name & DOB: _____

Player's Primary Team Name & Age Group: _____

Primary Team's Coach: _____

Guest Team's Name: _____ Age Group: _____

Guest Team's Coach: _____

I certify that the guest player listed above is of accurate age for the team he/she is guest playing.

Guest Team Coach's Signature: _____

Waiver Statement:

The undersigned states that he/she understands that the Johnson County Park and Recreation District is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the participant is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under legal disability, hereby forever releases and holds harmless the said Johnson County Park and Recreation District, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. By participating in this program you hereby acknowledge the Johnson County Park and Recreation District can and may photograph and/or video tape program participants and then use such images, without payment or any other consideration, for purposes of publicizing District parks, facilities, programs or services, or for any other lawful purpose.

X _____

Parent/Guardian Signature