

McDowell Soccer Alumni Game Registration

Name:						
Address:						
Phone:		E-Mail:				
Check your T-Shirt siz	e:					
Sizes Available:	AS:	AM:	_ AL:	XL:	XXL:	XXXL:
Please check the one	of the following:					
Alumnus - Grad	duation Year:					
Coach						
Parent of Alum	ni					
\$20 per player Make checks payable to McDowell Soccer Boosters Make checks payable to McDowell Soccer Boosters Mail to: McDowell Soccer Boosters c/o Barbara Fischer 4828 Old Sterrettania Rd. Erie, PA 16506						
Proceeds from the A	lumni Game be	enefit		Jorobin		
trie	Andrew Polak Waiver	owski ilien of Liability	ioriai Scrio	narsnip		
I understand that there are risks associated assuming these risks, and accepting person in the Alumni Game. I further agree to releast and any person associated with such organishould I sustain an injury while participating of the organization and that I will not engage I acknowledge that all information enter is to	with participation in the McDowe al responsibility for any injury su se, waive, discharge and covena zation, those individuals being it in said program. I further agree in reckless behavior. By signing	ell Alumni Soccer Game stained by myself while int not to sue the McDo s officers, managers, d that I will abide by all s	e participating well Soccer Boosters irectors, coaches, refer	rees or sponsors,	Alumni Soccer Game.	
	UNDERSIGNED HAS REA / HAVE GIVEN UP SUBST			-		
Date		S	ignature			