FORRISTAL'S PHARMACY

OVER 35'S

INDOOR 5-A-SIDE LEAGUE

2009-2010

LEAGUE ENTRY FORM 2009 – 2010

NAME OF TEAM _____

THIS FORM MUST BE SIGNED 48HRS BEFORE PLAYING/PARTICIPATING IN ANY MATCH/GAME.

Each player understands, acknowledges and agrees that FORRISTAL'S PHARMACY OVER 35'S LEAGUE does not accept any liability for any injury, loss or damage sustained while playing, training or travelling to/from a football match. All such liability is the sole responsibility of each player.

FORMS MUST BE COMPLETED ONLY BY THE NAMED PLAYER

	NAME	SIGNATURE	DATE OF BIRTH	E-MAIL	CONTACT NUMBER