

**Marist Summer Soccer League**

**Incoming Freshman Boys 2018**

If you are interested in playing in the Marist summer soccer league on a team comprised of players that played as freshmen last year at Marist and incoming students that will tryout for Marist's boys' soccer team during the upcoming season, please fill out the attached form and return it along with a \$120 league fee to Marist, attention Sean Maxwell. The league begins the week of June 5<sup>th</sup> and continues through late July. There are home and away games on Tuesdays and Thursdays at 5:30. The home games are on Marist's varsity soccer field behind the school, and directions to away games will be given to the players. We will also invite those interested to join us for workouts throughout the summer. Please fill out the bottom portion of this form and the Hold Harmless form that is attached and mail them along with the league fee to:

Sean Maxwell  
Marist High School  
4200 W. 115<sup>th</sup> St.  
Chicago, IL 60655

I will contact you when we know the first game time and location. The player will receive their jersey at the first game.

If you have any questions, please contact me at [maxwell.sean@marist.net](mailto:maxwell.sean@marist.net).

Thank you and have a great summer,

Sean Maxwell  
Marist High School

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Player Name: \_\_\_\_\_

Player Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Player Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Grammar School: \_\_\_\_\_

Club: \_\_\_\_\_

WESTERN SOCCER LEAGUE

HOLD-HARMLESS FORM

I/we hereby give my/our permission for the participation of my/our son in the athletic program of the Western Soccer League. I/we understand that the Western Soccer League, their coaches, players, representatives and referees in this activity, will exercise care and caution. I/we agree to hold-harmless the Western Soccer League, its coaches, players and representatives and playing field property owners involved in this activity. I/we furthermore certify that my/our son is covered by my/our accident and medical insurance policy. I/we furthermore certify to the best of my/our knowledge based on medical examinations that the participant suffers from no pre-existing medical condition that would be aggravated or injurious to the participant in this activity.

Name of Participant \_\_\_\_\_

(please print)

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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Signature of Parent(s)/Guardian(s)

Date \_\_\_\_\_

I agree to play by the rules of the Western Soccer League. Furthermore I agree to demonstrate good sportsmanship in each game I play in, showing respect for my opponents, the coaches, the referees and my teammates.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Graduation Year