

## MIGUEL HIDALGO SOCCER LEAGUE



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Office (562)548-0406

## ADULT PLAYER REGISTRATION APPLICATION

Name:				
	First	Last	D.O.B	(MM/DDYYYY)
5 10				
Address:	Street Address			
	City		State	ZIP Code
Phone:		Email		
			0	
Team:		Division:	Coach:	
participation; 3. I willingly as regards to presence or p	and, agree to comply with the protection against infect participation, I will remove and,	stated and customary terms and cutious diseases. If, however, I observe myself from participation and bring	onditions for participation ve any unusual or signific	in such Sanctioned Activities ant hazard during my
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