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| **logo.png Referee Registration Form** |
| |  |  |  | | --- | --- | --- | | Top of Form  Full Name:  Mailing Address:  City:  Zip Code:  Email Address (Very Important):  Date of Birth:  Age:    Male   Female  Telephone:  Years of soccer Refereed:  a) 0   b) 1-5   c) 6-10   d) 11+  I agree to hold harmless the La Liga Indoor Soccer League, it's agents, board representatives and affiliates from any liability whatsoever. I agree to have my own insurance, and to wear the appropriate equipment.   |  |  | | --- | --- | | Signature: | Date: |   Mail to: **La Liga Indoor Soccer 5707 Dot Com Court Suite #1055. Oviedo, FL 32765** Phone: **407-489-7685** E-mail: [laligaindoor@gmail.com](mailto:laligaindoor@gmail.com) Website: [www.La](http://www.La)LigaIndoorSoccer.comBottom of Form | |