

SOCCER REGISTRATION/CONSENT FORM

Date _____

Family Information

Child's Name _____

Date of birth _____ Grade _____ Male/Female _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Street address _____

City _____ State _____ Zip _____

Email address _____

Home church _____

Other Helpful Information

Allergies/special needs _____

Persons who may pick up my child _____

Are there any custodial issues that we should be aware of? Yes ____ No ____

If yes, explain _____

Media Release Permission

I give my permission to St. Andrew United Methodist Church to photograph my child participating in this soccer program for the purpose of church media and communications.

Yes ____ No ____

Emergency Information

Emergency contact _____

Phone _____ Relationship _____

Health Insurance Co. _____

Policy No. _____ Phone _____

Family Physician _____ Phone _____

Consent for Treatment

I acknowledge that there are risks inherent in any sports program, including but not limited to injury arising from a child's failure to follow the instructions of coaches and leaders; communicable illness; and independent acts of third parties not under the control of coaches. I acknowledge that all risks cannot be prevented. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is in good health each day of attendance.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, the emergency contact named above, or my family physician. In the case of a minor injury, I authorize the coaches to apply a band aid as treatment if indicated. It is imperative that a named contact can be reached. If the contact is not reached, I give my permission to the coaches in charge to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

Parent/Guardian Name (Print) _____

(Signature) _____