



YOUTH Player Registration Form

Player Information (Please Print):

Circle One:
Male Female

First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Parent/Guardian Name _____

Phone _____ E-mail _____

Emergency Contact: _____ Phone _____

Does your child have medical insurance? Y__ N__ (Soccer Central does not provide Medical or Dental Coverage)

Date of Birth: _____

OFFICE USE: Birth Certificate? Y N Staff Initials _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, the parent/guardian of the registrant player, a minor, am familiar with the nature of soccer and indoor soccer. I (we) understand that participation in indoor soccer can be dangerous and can possibly lead to minor injuries, broken bones, brain damage, injury to internal organs and/or parts of the body, serious spinal injuries, paraplegia, permanent injury and death. These serious and permanent bodily injuries could impair learning ability, ability to earn income and general enjoyment of life. I (we) accept that **Soccer Central** is only providing an opportunity to use an indoor athletic facility. I (we) and on behalf of my heirs, assigns, and the next of kin, release, indemnify, hold harmless and promise not to bring action of any kind against **Soccer Central**, its staff agents, owners, officers, property owners, league directors, officials, sponsors and any others having an interest in the facility, from all liability, negligence, cause of action, claims, demands, and damages of every kind which may arise out of participation in any and all activities at this facility.

I (we) will ensure that the registrant will familiarize his/herself with the rules of the game and of the facility, and will to the best of his/her ability play under control and avoid injury to self and other persons using the facility. I (we) understand that the registrant's membership may be revoked for violation of facility rules.

I (we), have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I (we) have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent/Guardian Signature: _____

Print: _____ Date _____

Please initial if your child will be permitted to participate in adult leagues (___)

CONSENT FOR MEDICAL TREATMENT

As the parent of legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

Parent/Guardian Signature: _____ Date _____

OFFICE USE ONLY: CASH \$ _____ CHECK# _____ VISA/MC _____ AMOUNT PAID _____	TEAM NAME _____ DIVISION _____ SESSION _____	<u>REGISTRATION OR MEMBER TYPE:</u> NEW _____ # _____ RENEWAL _____ # _____ DAY PASS _____ # _____
RETURN COMPLETED FORM ALONG WITH PAYMENT TO: SOCCER CENTRAL P.O. BOX 1200 WATSONVILLE, CA 95077		
DATE ENTERED _____	DATE PRINTED _____	STAFF INITIALS _____