



2011 SUMMER PROGRAM REGISTRATION/WAVIER FORM

Player's Name _____ Age _____ Gender M F

Address _____ City _____ State _____ Zip _____

Parent's Contact Information

Father's Name _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Email _____

In case of an emergency, please contact:

Name _____ Home Phone _____ Cell Phone _____

Medical Information

Allergies _____

Other Medical Conditions _____

Parent's Approval & Medical Release

In consideration of and through my child's involvement in the Holland Soccer League Summer Soccer Program, I acknowledge and agree that:

I freely and voluntarily accept All Risks of injury, death or property damage, recognizing that my child's participation in soccer is inherently dangerous and therefore accept for myself and my child the full responsibility for any and all such damage or injury which may result.

As a condition of being permitted to play in the Holland Soccer League Summer Soccer Program, I hereby Promise Not to Sue the Holland Soccer League, its officers, directors, members, employees, agents or the owners and/or caretakers of any of the indoor or outdoor facilities used by the club for playing soccer. I further agree that any claim which I may at any time bring for any reason against any of the aforementioned persons or groups shall be submitted to the jurisdiction of the State or Federal courts in the state in which the area is located and none other, and will be governed by the laws of that state.

My son/daughter has received a physical examination by a physician and has been found to be physically capable of participating in soccer programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine and dentistry provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the cost of each assistance and/or treatment.

Print Name _____

Signature _____

Date _____