



FALL 2018 SOCCER REGISTRATION FORM

Player Information

Name (First & Last): _____

Gender: _____ Date of Birth (MM/DD/YYYY): _____

Please indicate the player's shirt and shorts size:

Shirt size: YS YM YL AS AM AL AXL

Shorts size: YS YM YL AS AM AL AXL

Allergies: _____

Other relevant medical conditions: _____

Parent/Guardian Information

Parent/Guardian 1: _____ Phone: (_____) _____

Email: _____

Parent/Guardian 2: _____ Phone: (_____) _____

Email: _____

In an emergency, if a parent/guardian cannot be reached, please contact the following:

Contact 1: _____ Phone: (_____) _____

Contact 2: _____ Phone: (_____) _____

If you are interested in opportunities to volunteer your assistance with our soccer program, check here:

Medical Treatment Authorization and Liability Waiver

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above considered it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Bodine School and Soccer Olé and the employees and associated personnel of these organizations against any claim by or on behalf of the soccer player named above as a result of the player's participation and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Signature: _____ Date: _____