

Castor Minor Ball Registration Form

LEVEL: _____

Player Name _____

Address _____

email _____

Home Phone _____ Cell _____

Date of Birth (MM/DD/YYYY) _____

Parent Names _____

Emergency Contact Name _____ Emergency Contact Phone _____

Medical concerns the coaches need to be aware of: _____

PLEASE READ CAREFULLY:

I/we hereby acknowledge that I/we are aware of all risks associated with or related to the sport of soccer and its facilities, including the risk of severe or fatal injury to my/our child.

Particulars of which, but are not limited to:

- Changes or variations in playing surface
- Impact or collision with fences, equipment or other structures/objects used in conjunction with soccer
- Impact or collision with players, officials, coaches or other people present on the soccer pitch
- Negligence of the other players on the soccer pitch

I/we do hereby release, absolve, indemnify and save harmless the Consort Minor Sports Association, the Village of Consort, the Recreation Director, their executive, the staff, supervisors, instructors, coaches and volunteers, any and all of them from any claim which I/we or said child may have as a result of their participation, regardless of whether or not such loss or injury is caused solely or partly by the negligence of any of the above-mentioned parties. I give consent for photos to be taken and distributed in a Minor Sports related manner.

Parent or Guardian Signature

Date

Witness Signature

Date

Volunteer Information: I would like to help the team in the following way:

For Office Use Only					
Registration Fee:	\$ _____	Date Paid: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	# _____
Uniform Dep. Paid:	\$ _____	Date Paid: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	# _____