



Inferno Soccer Club 2011-2012 Registration Form

Player Information:			
			M F
First Name	Last Name	Date of Birth	Circle One
Street Address	City	Zip Code	
Phone Number	Email Address		
Parent/Guardian Information:			
Father's Name	Phone Number	Email Address	
Mother's Name	Phone Number	Email Address	
Medical/Emergency:			
List any medical conditions, allergies, and or concerns (if more space is required please use back of form)			
Person to contact in case of emergency		Emergency Contact's Number	
Doctor to contact in case of emergency		Doctor's Number	

Consent for Medical Treatment (Minor):

As the parent or 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 well-being of my dependent. **(Español)** Como el padre o guardián legal del encima de jugador denominado, yo por la presente doy consentimiento para la emergencia el cuidado Médico prescrito por un Médico debidamente licenciado de la Medicina o el Médico de la Odontología. Este cuidado puede ser dado bajo lo que condiciona son necesario para preservar la vida, el miembro o el bienestar de mi dependiente.

Acknowledgement of 2011-2012 Player Fee Responsibility:

As the parent or legal guardian of the above named player, I acknowledge that I have read and agree to the 2011-2012 player fees due to Inferno Soccer Club including registration, tournament, training and (if required) uniform fees. **(Español)** Como el padre o guardián legal del encima de jugador denominado, yo reconozco que he leído y he aceptado los 2011-2012 honorarios de jugador debido al Inferno Soccer Club inclusive matrícula, el torneo, entrenando y (si necesario) honorarios uniformes

Inferno Soccer Club Indemnification:

Please read this form carefully and be aware in registering your minor child/ward for participation in club event(s), such as, but not limited to clinics, tryouts, practices, games and tournaments you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the event(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the event(s) and I agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such event(s). I agree to waive and relinquish all claims I or my minor child/ward may have against the Inferno Soccer Club (ISC) and its officers, directors, agents, servants, volunteers and employees as a result of participating in the event(s). I do hereby fully release, discharge and/or otherwise indemnify ISC and its officers, directors, agents, servants, volunteers and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the event(s). I further agree to indemnify and hold harmless and defend ISC and its officers, directors, agents, servants, volunteers and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the event(s). I hereby give consent to ISC to take photographs of the named player and grant permission to use the negatives, prints, or any other reproduction of the same for ISC educations and promotional purpose in manuals, on flyers, on the World Wide Web or in other publications.

With my signature, I acknowledge that I have read and fully understand the "Consent for Medical Treatment (Minor)", the "Acknowledgement of 2011-2012 Player Fee Responsibility", and the "Inferno Soccer Club Indemnification" and agree to all the terms detailed therein:

Signature

Printed Name

Date

Medical Release Notary (If needed on 2nd page)