

East Hampton Soccer Club Town League Registration Form Spring 2012

WE NEED PARENT INVOLVEMENT TO OPERATE THE LEAGUE.

****The East Hampton Soccer Club is an all-volunteer organization.****

Come have some fun and help make this season a success!

No experience is necessary!

Please check what you are willing to do.

_____ Head Coach _____ Assistant Coach

Volunteer's Name: _____ Date of Birth _____

Volunteer's Address: _____

Volunteer's Home Phone: _____ Cell Phone _____

Volunteer's Email: _____

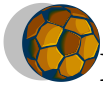
Emergency Contact: _____
Name Phone

Allergies, conditions, medications (**If none, write NONE**): _____

Liability Statement:

I hereby agree to participate in the East Hampton Soccer Club. I certify that I am in good health. I have listed below any allergies (such as bee stings), conditions, and/or medications of which the club should have knowledge. I understand that I release the East Hampton Soccer Club, its directors, and coaches from any and all financial liabilities. I further understand that there are certain inherent dangers in soccer that could lead to serious injury, permanent disability, or even death. I hereby agree to pay for all my medical expenses that may result from medical attention required while engaging in an East Hampton Soccer Club event. I certify that all the information I have provided to the club is correct.

Volunteer Signature: _____ Date: _____



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EAST HAMPTON CT SOCCER CLUB, INC.

MEDICAL TREATMENT, AUTHORIZATION, AND LIABILITY WAIVER

Player's Medical Information

Player's Name: _____

Mailing Address: _____

Date of Birth: ____/____/____ Gender: male / female

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

In Case of Emergency when Parent/Guardian cannot be reached, please contact the following:

Name: _____ Relation: _____

Phone1: _____ Phone2: _____

Name: _____ Relation: _____

Phone1: _____ Phone2: _____

List of Player's allergies and all other medical conditions:

Physician: _____

Address: _____

Phone: _____ After Hours Phone: _____

Medical Insurance Company: _____

Phone: _____

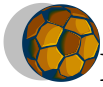
Policy Holders Name: _____

Policy Number: _____

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 player 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 the information provided. I hereby authorize emergency transportation of the player to a medical treatment facility should an individual listed above consider it necessary. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the East Hampton CT Soccer Club, Inc. and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player as a result of participation and /or transportation, which transportation I hereby authorize.

Signature of parent/guardian

Date



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EAST HAMPTON CT SOCCER CLUB, INC.

ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION FOR EAST HAMPTON CT SOCCER CLUB, INC.

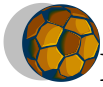
For and in consideration of participant's registration with The East Hampton CT Soccer Club, Inc. (hereinafter 'EHSC'), and being allowed to participate in EHSC events, training programs, related training facilities, and member team activities, I the undersigned, for myself and as the parent(s) or legal guardian(s) of participants relinquish any and all liability for and cause of action for personal injury, property damage or wrongful death, as well as the negligence of 'EHSC', occurring to participant arising out of participation in EHSC events, member team activities, the sport of soccer, and/or activities incidental thereto.

I hereby agree to and acknowledge the following: ASSUMPTION OF RISK: I hereby acknowledge and accept and agree that the sport of soccer involves inherent risks. I received full information regarding the EHSC and soccer in general and had the opportunity to ask any questions that I wished. I have full knowledge of the nature and extent of all the risks associated with soccer and team sports including, but not limited to, risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise therefrom and that I have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others including the "releasees" identified below. It is further acknowledged that there may be risks and dangers not known to us or are not reasonable foreseeable at this time. I further acknowledge that the above list is not inclusive of all possible risks associated with the EHSC and I agree that such list in no way limits the extent or reach of this Assumption of Risk, Release, and Indemnification.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of soccer fields and facilities and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said fields or facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees, or other negligent acts or activities not listed here.

RELEASE: In consideration of my registration and participation in any program or competition offered by or held at EHSC facilities, I hereby release and discharge EHSC, their owners, affiliates, agents and employees, and their successors and assigns, from any and all liabilities, suits, claims and demand actions or damages (including attorneys fees and disbursement) incurred by me or are in any way related to or arising out of the registration and/or participation whether supervised or not, including

____ Parent/Guardian Initials



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without limitation, all claims for negligence, property damage, personal injuries or wrongful death including any such claims which allege negligent acts or omissions of EHSC. Releasees" include EHSC, its Affiliate Associations, Local Associations, Member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees.

INDEMNIFICATION: I hereby agree to indemnify and hold harmless EHSC, affiliates, agents and employees, and their successors and assigns, from any and all causes of action, claims, demands, losses and costs of any nature whatever arising out of or in any way relating to my registration and/or participation in a EHSC act or activity or use of its facilities, including any such claims which allege negligent acts or omissions of EHSC.

I expressly state that I have read, understand and am familiar with this document and all of its provisions and that I have full knowledge of the nature and extent of the risks incident to and inherent in the sport of soccer and contact sports. I hereby voluntarily and knowingly assume those risks and I understand that I will be solely responsible for any injury, loss or damage, including death, which I sustain while participating in an EHSC event, activity or use of its facilities and that by this agreement, I relieve EHSC from any and all liability for such injury, loss, damage or death.

Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of amateur soccer and understand these waivers and releases are necessary to allow amateur soccer to exist in its present form.

Printed Name of Player

Parent or Guardian Signature

Printed Name of Parent or Guardian

Date

