



-Please complete for each participant-

Participant's Name _____ **Age** _____

Address _____ **City/Zip** _____

Grade _____ **DOB** _____ **Male** ___ **Female** ___ **T-Shirt Size** _____

Parent or Legal Guardian

Name _____

Address _____ **City/Zip** _____

Home Phone # _____ **Work Phone #** _____

Family Medical Insurance:

Carrier _____ **Group Plan** _____

Policy # _____ **Group #** _____ **ID #** _____

Family Physician Name _____ **Phone #** _____ **Address** _____

I/we hereby grant consent to any and all health care providers designated by the Madera Indoor Youth Soccer Program to provide my child any necessary medical care as a result of any injury/illness. This consent includes all emergency services, including but not limited to First Aid and transportation to and from healthcare providers.

Parent/Guardian Signature _____ **Date** _____

Would you like to volunteer as a coach: Yes ___ No ___ **Name** _____

Payment Information

-For office use only-

Payment Amount _____

Form of Payment:

Cash _____

Receipt # _____ **Payment Taken By** _____ **Date** _____

RELEASE OF LIABILITY FOR PARTICIPANTS

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

***No refunds will be granted once the season has begun regardless of injury, disciplinary reason or otherwise.**

In consideration of _____, my minor child/ward (participant),
(Participant Name)

is being allowed to participate in any way in the Madera Indoor Sports Center Indoor Youth Soccer Program; I the undersigned parent or guardian acknowledge, appreciate and agree that:

1. I, and the participant, agree to adhere to the rules and regulations of the Madera Indoor Youth Soccer Program.
2. I acknowledge that there are inherent risks in this activity and by signing below, agree for myself and the participant to assume those risks.
3. Furthermore, I agree to else associated with the Madera Indoor Youth Soccer Program from and against any indemnify and hold harmless Madera Indoor Sports Center, and anyone and all liability for any injury/illness which may be suffered by the aforementioned participant arising out of or in any way connected with his/her participant in the Program.
4. I acknowledge that no medical insurance is provided for the Program and agree to secure such insurance for the participant.
5. I _____ acknowledge that I may be asked to provide
(Parent/Guardian)
proof of the participants age anytime throughout the season and understand that a failure to do so will result in the player getting suspended for the remaining games until they can provide proof of age. NO REFUNDS IF PROOF CANNOT BE PROVIDED. I understand that this is a recreational league and not a competitive league so we do not guarantee players to be in specific teams.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Parent/Guardian Signature)

(Print Name)

(Date)