



BOYS & GIRLS CLUB
OF THE TRI-COUNTY AREA

Berlin Youth Soccer Camp

August 16th-18th

Held at the Boys and Girls Club

Registration Form

Participant's Name: _____

Participant's Age: _____

Level of Soccer Skill (circle one): BEGINNER INTERMEDIATE ADVANCED

Parent's Name: _____

Parent's Phone Number: _____

Parent's Email: _____

Emergency Contact Information

Name: _____

Relationship to Participant: _____

Phone number: _____

T-Shirt Size (Circle One): YOUTH SMALL YOUTH MEDIUM YOUTH LARGE
ADULT SMALL ADULT MEDIUM ADULT LARGE

Other: _____

Allergies: _____

Other Health Concerns:



For Office Use Only

Paid? YES NO

Age Group: 5-8, 8-13, 14-18

Coach Group: _____

Emergency Medical Treatment Authorization/Refusal

Part 1 – To Grant Authorization

Complete part 1 or 2, **but not both**

In the even reasonable attempts to contact the undersigned parent(s)/guardian(s) have been unsuccessful, the undersigned parent(s)/guardian(s) hereby give consent for the administration of medical treatment. Specifically, the undersigned grant(s) permission to even personnel to supervise or perform on-site first aid for minor injuries, and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the child player named above. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is required in the physician's office.

The undersigned further release(s) from medical responsibility and liability the hospital, medical authorities and physicians for performing medical procedures acting on the authority of this emergency medical treatment authorization form which are deemed necessary for the child player.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

The undersigned further agree(s) to assume all cost related to any medical treatment, and authorize(s) the above named insurance company to pay benefits for the cost of such treatment. The undersigned further authorize(s) the disclosure of medical information to the aboded named insurance company for the purpose of any claim.

Parent/Guardian Signature: _____ Date: _____

The undersigned parent(s)/Guardian(s) do not give consent for emergency medical treatment of child player named above, and agree that by execution of this refusal to send that the one of the below undersigned will be present at all practices and game and will transport the child player to or from practices and games. In the event that none of the undersigned are present, then the undersigned understands and acknowledge that the child player will not be allowed to participate.

Parent/Guardian Signature: _____ Date: _____

Waiver

The undersigned parent(s)/guardian(s) desire(s) the player named above to participate in the physical activities sponsored by the Boys & Girls Club of Oshkosh Inc. The undersigned understand(s) and acknowledge(s) that participation in soccer programs may involve an element of risk of personal injury or property damage for all participants. For example, the participants may come into sudden contact with each other, or another object such as the goal post, while running at high speeds. Another example is that a ball might strike a participant at high speeds. The undersigned also understand(s) and acknowledge(s) that many of the coaches and other persons supervising the activities are not specially trained in supervising such activities, and primarily consist of parent volunteers. Nevertheless, the undersigned hereby consent(s) to the participation in such activities by the child player.

Therefore, the undersigned parent(s)/guardian(s) for themselves and their named child, for and in consideration of the opportunity to participate in the soccer activities sponsored by the Boys & Girls Club of Oshkosh Inc. and for other good and valuable consideration, do hereby forever release, acquit and forever discharge and hold harmless the Berlin Youth Soccer, affiliated organizations and the officers, directors, coaches, officials, agents and employees of each of them, regardless of any negligence, from any and all claims, actions, causes of action, demands, rights, damages, cost, loss of service, expenses and compensations whatsoever which the undersigned may hereinafter incur on account of or in any ways growing of any and all known or unknown foreseen or unforeseen, bodily and personal injuries and/or property damage or the consequences thereof resulting from any accident, causally or even involving the undersigned and arising out of soccer activities, including travel, sponsored or furnish by the Boys & Girls Club of Oshkosh Inc..

It is expressly understood by the undersigned parent(s)/guardian(s) that the above name child player would not be permitted by the Boys & Girls Club of Oshkosh Inc. to engage in soccer activities sponsored by the Boys & Girls Club of Oshkosh Inc. without this release.

The undersigned parent(s)/guardian(s) have read the foregoing liability waiver and indemnifications agreement, fully understand(s) and accept(s) for themselves and the child player each and every provision thereof and agree(s) to be bound forever by its provisions.

Parent/Guardian Signature: _____ Date: _____