

YMCA SOCCER LEAGUE 2007

REGISTRATION (\$ 45.00)

SURNAME.....

T-SHIRT

CHRISTIAN NAME.....SIZE.....

ADDRESS.....PO BOX.....

DATE OF BIRTH/...../..... AGE.....

HAVE YOU PLAYED SOCCER BEFORE?.....

NAME OF TEAM..... COACH.....

FATHER'S NAME..... TEL.....

MOTHER'S NAME..... TEL.....

EMERGENCY CONTACT NAME..... TELE.....

DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITION THAT COULD AFFECT
HIS/HER PARTICIPATION OR GOOD HEALTH? YES..... NO.....

IF YES, STATE NATURE OF CONDITION.....

WAIVER AGREEMENT

IN SIGNING THIS FORM THE PARENT/GUARDIAN/SIGNATORY ASSUMES FULL RESPONSIBILITY FOR THE ABOVE NAMED PERSON'S PARTICIPATION IN THE YMCA SOCCER PROGRAMMES AND ACTIVITIES AND HEREBY INDEMNIFIES THE YMCA BOARD OF DIRECTORS ALL, ITS EMPLOYEES, INSTRUCTORS, SERVANTS, AGENTS AND/OR VOLUNTEERS FROM ANY AND ALL LIABILITY, LEGAL DAMAGES, COST, PROCEEDINGS, ACTIONS AND CHARGES IN THE EVENT OF ACCIDENT AND/OR INJURY AND THE LIKE OF ANY KIND, INCLUDING DEMISE HOWEVER CAUSED. THE SIGNATORY, IN THE EVENT THAT MEDICAL ATTENTION IS REQUIRED, HEREBY AGREES TO PERMIT STAFF AT THE YMCA TO PERFORM BASIC FIRST AID AND/OR ALLOW COMPETENT MEDICAL AUTHORITY TO RENDER MEDICAL AID AND ATTENTION TO ENSURE THE SAFETY, CARE AND WELFARE OF THE PERSON IN NEED. THE SIGNATORY ACCEPTS FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL MEDICAL ATTENTION GIVEN AND RECEIVED.

PARENT/GUARDIAN SIGNATURE.....DATE.....

STAFF SIGNATURE.....RECEIPT #.....

NOTE. IN THE EVENT OF AN ACCIDENT THE CHILD MAY BE TAKEN TO THE HOSPITAL TO ENSURE THEIR IMMEDIATE SAFETY, CARE AND WELFARE. WHILST EVERY EFFORT TO ENSURE THAT NO CHILD IS PUT AT RISK AFTER THE ACTIVITY IS OVER YOU ARE ASKED TO ENSURE THAT YOU PICK UP YOUR CHILD/REN ON TIME TO AVOID THEM BEING PUT AT RISK WHEN LEFT TO WAIT FOR THEIR PARENTS TO ARRIVE OR WHEN LEFT UNATTENDED BY PARENTS/GUARDIANS. EACH CHILD WILL RECEIVE A TEAM T-SHIRT.