

**2019 CITY OF ESCANABA RECREATION DEPARTMENT
6 & 7 YEAR OLD INSTRUCTIONAL SOCCER PROGRAM
REGISTRATION FORM**

Registration Deadline – Friday, May 24, 2019

Player Name: _____ M/F: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Age on August 1, 2019 _____

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| <p>EMERGENCY INFORMATION: Where parents can be reached in case of an emergency:</p> <p>Home Phone: _____ Cell Phone/Other: _____</p> <p>Is there any personal/medical information which should be brought to the attention of the instructor:</p> <p>_____</p> |
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New Player Has Played Soccer Before - List experience: _____

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| <p>SESSION AVAILABLE: Tuesdays & Thursdays</p> | <p>SELECT ONE:</p> <p><input type="checkbox"/> 9:00 a.m. – 10:00 a.m.</p> <p><input type="checkbox"/> 10:30 a.m. – 11:30 a.m.</p> <p><input type="checkbox"/> 12:00 p.m. – 1:00 p.m.</p> |
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| <p>SHIRT SIZE: Please circle one. (Shirt sizes are average)</p> <p>YOUTH Small Medium Large</p> <p> 6-8 10-12 14-16</p> |
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**ACCIDENT WAIVER AND RELEASE OF LIABILITY FOR SPORTING EVENT
PARENT-GUARDIAN WAIVER FOR MINOR**

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN, DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY, AND AGREES TO THE FULLEST EXTENT PERMITTED BY LAW TO SAVE, HOLD HARMLESS AND INDEMNIFY THE CITY OF ESCANABA, THEIR ELECTED AND APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL LIABILITY, LOSS, COST, CLAIM, OR DAMAGE WHATSOEVER, INCLUDING BODILY INJURY OR DEATH, WHICH MAY BE IMPOSED UPON OR INCURRED BY THE CITY OF ESCANABA BECAUSE OF THE PARTICIPATION OF THE MINOR IN THIS EVENT. BY SIGNING BELOW, YOU ALSO AGREE TO RELEASE SAID PARTIES IN THIS REGARD ON BEHALF OF BOTH THE MINOR AND THE PARENTS OR LEGAL GUARDIAN.

Minor: _____ Age: _____

Parent or Legal Guardian: _____

Signature: _____ Dated: _____

Please complete Consent to Medical Treatment of Minor on reverse side of this form.

For Office Use Only

Amt. received: _____ Cash/Check #: _____ Rec. By: _____ Date: _____ Registration #: _____

Program fee: \$30

CONSENT TO MEDICAL TREATMENT OF MINOR

If the applicant is under 18 years of age, the parents or guardians must execute this document.

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by, or illness of, said minor while he/she is/was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries to, or illness of, said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf, of that of the minor, to save, hold harmless and indemnify the City of Escanaba, its elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever that may be imposed upon or incurred by said parties because of the participation of the minor in the event shown, and does release said parties on behalf of both the parents or legal guardian.

Event: 6 & 7 Instructional Soccer

Name of Minor: _____

Names of Parents or
Guardian: _____

Address: _____ City/State: _____

Home Phone: _____ Cell Phone: _____

Parent or Guardian's
Signature: _____

Date: _____