



Soccer Central  
Indoor Soccer

Member #

Proof of Birth

### Youth Player Registration Form

Player Information: To be completed by Parent/Legal Guardian (PLEASE PRINT)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age Group \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Gender \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Doctor to Notify \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Does your child have medical insurance? Yes  No  (Soccer Central does NOT provide Medical or Dental Coverage)

#### RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

I, THE PARENT/GUARDIAN, OF THE REGISTRANT PLAYER, A MINOR, AM FAMILIAR WITH THE NATURE OF SOCCER AND INDOOR SOCCER. I (WE) UNDERSTAND THAT PARTICIPATION IN INDOOR SOCCER CAN BE DANGEROUS AND COULD POSSIBLY LEAD TO MINOR INJURIES, BROKEN BONES, BRAIN DAMAGE, INJURY TO INTERNAL ORGANS AND/OR PARTS OF THE BODY, SERIOUS SPINAL INJURIES, PARAPLEGIA, PERMANENT INJURY AND DEATH. THESE SERIOUS AND PERMANENT BODILY INJURIES COULD IMPAIR LEARNING ABILITY, ABILITY TO EARN INCOME AND GENERAL ENJOYMENT OF LIFE.

I (WE) ACCEPT THAT SOCCER CENTRAL IS ONLY PROVIDING AN OPPORTUNITY TO USE AN INDOOR ATHLETIC FACILITY. IN CONSIDERATION FOR THE PRIVILEGE TO USE THIS FACILITY I (WE), AND ON BEHALF OF MY HEIRS, ASSIGNS, AND THE NEXT OF KIN, RELEASE, INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO BRING ACTION, OF ANY KIND, AGAINST SOCCER CENTRAL, ITS STAFF, AGENTS, OWNERS, OFFICERS, PROPERTY OWNERS, LEAGUE DIRECTORS, OFFICIALS, SPONSORS AND ANY OTHERS HAVING AN INTEREST IN THE FACILITY FROM ALL LIABILITY, NEGLIGENCE, CAUSES OF ACTION, CLAIMS, DEMANDS AND DAMAGES OF EVERY KIND WHICH MAY ARISE OUT OF PARTICIPATION IN ANY AND ALL ACTIVITIES AT THIS FACILITY.

I (WE) WILL ENSURE THAT THE REGISTRANT WILL FAMILIARIZE (HIS/HER)SELF OF THE RULES OF THE GAME AND OF THE FACILITY, AND WILL TO THE BEST OF HIS/HER ABILITY PLAY UNDER CONTROL AND AVOID INJURY TO SELF AND OTHER PERSONS USING THE FACILITY. I (WE) UNDERSTAND THAT THE REGISTRANT'S MEMBERSHIP MAY BE REVOKED FOR VIOLATION OF FACILITY RULES.

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

PLEASE INITIAL IF YOUR CHILD WILL BE PERMITTED TO PARTICIPATE IN ADULT LEAGUES (\_\_\_\_)

Parent/Legal Guardian (Signature): \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

#### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Return form to:  
 Address \_\_\_\_\_ H. Phone \_\_\_\_\_ Soccer Central  
 City, St. zip \_\_\_\_\_ W. Phone \_\_\_\_\_ P.O. Box 1200  
 Watsonville, Ca 95077

NOTE: ANNUAL MEMBERSHIP FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE.

Office Use:  
 Amount Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ CASH VISA/MC Staff Initial: \_\_\_\_\_ Team Name: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ New: \_\_\_\_\_ Receipt# \_\_\_\_\_ Renewal: \_\_\_\_\_ Other \_\_\_\_\_