

Camper Name: \_\_\_\_\_

Soccer Program Registration Form

Age: \_\_\_\_\_

### SOCCKER PROGRAM REGISTRATION -

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

*Parent/Guardian #1*

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

*Parent/Guardian #2*

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

*Emergency Contact #1*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

*Emergency Contact #2*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Please list those people in addition to parents/guardians and emergency contacts who are permitted to pick up your child:**

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

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**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

- *I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician) in the event my child is injured or becomes ill.*

Parent's/Guardian's Initials \_\_\_\_\_

- *I understand that the Boys & Girls Club of Northwest Georgia will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.*

Parent's/Guardian's Initials \_\_\_\_\_

**Photo Release:**

I hereby give permission for my child to be photographed during **BGCNWGA Soccer Program**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the Boys & Girls Clubs of Northwest Georgia and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release:**

I hereby give permission for the transportation of my child for official **BCGNWGA Soccer Program** activities in Boys & Girls Club vehicles. All scheduled events are subject to change, and if any activity or event requiring transportation is cancelled, parents will be notified immediately.

Parent's/Guardian's Initials \_\_\_\_\_

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**Personal Property Release:**

The Boys & Girls Clubs of Northwest Georgia is not responsible for lost or damaged personal property.

**Parent's/Guardian's Initials** \_\_\_\_\_

**Disclaimer:**

I do hereby give my son/daughter \_\_\_\_\_ permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Northwest Georgia. I hereby indemnify and hold harmless from claims, losses, expenses, fees including attorney fees, costs, judgments that may be asserted against the Boys & Girls Clubs of Northwest Georgia, its Directors, employees, associates, and contributors from liability from any injury, loss, or theft incurred by my son/daughter while participating. My signature indicates that I completely understand the above statement.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_