

Millennium Soccer Club

Player Registration Form Summer 2011

Player's Name _____ Gender (M/F) _____
Last First

Address _____ City: _____ Zip: _____

Birth Date ____/____/____ School _____ Grade _____

Contact Information

Father/Guardian Name _____ Home Phone _____ Work Phone _____

Mother/Guardian Name _____ Home Phone _____ Work Phone _____

Name of Physician _____ Clinic _____ Phone _____

Contact person if parent/guardian cannot be reached _____ Phone _____

Release of Liability

The undersigned parent or legal guardian of _____, the "Registrant," recognizes that soccer is a vigorous sport and that the Registrant may suffer temporary or permanent injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. I further acknowledge and understand that travel to and from games, practices, and tournaments by automobile, or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above referenced risks, and in consideration for the Millennium Soccer Club (MSC) accepting the Registrant in its soccer programs and pursuant to the recreational assumption of risk statute, sec. 895.525(4), Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge, and/or otherwise indemnify MSC and its coaches, staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action by or on behalf of the Registrant and his or her parents or legal guardian except to the extent any such claims and causes of action are fully covered by insurance procured by or on behalf of MSC. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

This release shall remain in effect for the duration of the summer 2011 program.

Consent for Medical Treatment

With full knowledge of the risk of injury in the game of soccer, I hereby authorize the following persons to administer emergency medical treatment to my child, the Registrant, for any injury or other medical emergency while in a practice, game, tournament, scrimmage or while attending or traveling to or from any of those activities: All coaches and managers of my child's Millennium Soccer Club league; all officers and officials of MSC; and all directors, officers, sponsors, officials or agents of any league or tournament that my child may participate in. This consent also extends the rights to those person's listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of my child. My child and I hereby release, hold harmless and indemnify the above listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This consent for medical treatment shall remain in effect for the duration of the summer 2011 program.

Consent for Photograph/Video Usage

I understand that the Millennium Soccer Club (MSC) may take photographs and/or videos in which the Registrant may be a participant and/or a spectator. I hereby give my consent for MSC to use any such photographs or videos in the promotion of its programs without notice or any compensation. I waive all rights that I might claim in relation to the use of such photographs and/or videos.

This consent for photograph/video usage shall remain in effect for the duration of the summer 2011 program.

I have read and fully understand the above statements pertaining to Release from Liability, Consent for Medical Treatment, and Consent for Photograph/Video Usage. I acknowledge that before signing I had an opportunity to contact the Millennium Soccer Club to discuss any questions I had about the above release and consents.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____