

Primary Family Contact Information

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Cell Phone _____

Email Address _____

Secondary Contact Info

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Cell Phone _____

Email Address _____

Emergency Contact Info

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Cell Phone _____

Player Information

Last Name _____ First Name _____

Player Age on August 1 of this year _____ Birth Date (MM/DD/YYYY) _____

Gender (M/F) ____ Allergies _____

Year of Most Recent Tetanus Shot _____

Medical Conditions or Injuries _____

Insurance Company _____ Policy # _____

Policy Holder Name _____

Please read the following **Terms and Conditions** carefully:

By signing or checking the box below, you are confirming that your child is healthy enough to play a vigorous sport such as soccer and that your child has been given approval to participate in sports by their physician based on a recent physical. Subsequent injuries requiring medical attention, whether associated with Club activities or otherwise, must be reported to a Club coach or Club Board of Directors. Proof of medical treatment and physician's approval to return to soccer may be required depending on the severity of injury.

Soccer is a contact sport, and injuries can happen despite the best efforts of Bow United and Bow Soccer Club to provide a safe environment. Recognizing the possibility of physical injury associated with soccer and in consideration for Bow Soccer Club, Bow United, and its affiliated volunteers, the registrant for its soccer programs and activities, by accepting this waiver I hereby release, discharge and/or otherwise indemnify Bow Soccer Club, Bow United, and its affiliated volunteers against any claim by or on behalf of the registrant as a result of the registrant's participation in Club activities and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parents have the right at any time to remove their minor child from any Bow Soccer Club or Bow United event should there be a concern for their safety, without risking negative action by the team, Bow Soccer Club, or Bow United.

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

For, and in consideration of Bow United and Bow Soccer Club permitting my minor child to enter upon the playing field areas, and being permitted to participate in any activity of any nature conducted thereon, I hereby waive, release and discharge any and all claims, demands, actions or causes of action I may have individually or on account of injury to my minor child, or on account of property damage or death resulting from personal injury suffered by my child, caused in whole or in part by the negligence of Bow United and Bow Soccer Club, its officers, directors, volunteers, members, or other participants in the activity in which my child participates.

I agree, further, that my minor child will conduct herself/himself at all times in accordance with the policies, rules and regulations of Bow United and Bow Soccer Club, and acknowledge that the privilege of being a rostered player and/or participation in such activities may be revoked if said policies, rules or regulations are not honored at all times.

It is my express and specific desire to allow my minor child to participate in and compete in Bow United Soccer and by checking the box below, I voluntarily agreed to the terms of the Release, Waiver of Liability and Covenant Not to Sue and have agreed not to hold others liable for any injuries my minor child might sustain.

It is my clear and specific intent by executing the within Release, Waiver of Liability and Covenant Not to Sue to release Bow United and Bow Soccer Club, its employees, agents, officers, directors, volunteers and members from any and all liability for personal injury caused by to any negligence of employees, agents, servants, officers, directors, volunteers or members.

Refunds are granted at the discretion of the Bow Soccer Club Board of Directors and are subject to a \$6 fee to cover administrative charges.

By checking this box or by signing below, I indicate that I agree to the terms and conditions listed above: ____