

Madera Indoor Sports Center
3497 Yeager Drive, Madera
559-661-0414

Registration & Emergency Contact Form
-Please complete for each participant-

Participant's Name _____ Age _____
Address _____ City/Zip _____
Grade _____ DOB _____ Male _____ Female _____ T-Shirt Size _____

Parent or Legal Guardian

Name _____
Address _____ City/Zip _____

E-MAIL _____ Work Phone Number _____ Cell Phone Number _____

Family Medical Insurance:

Carrier _____ Group Plan _____
Policy # _____ Group # _____ ID# _____
Family Physician Name _____ Phone # _____
Address _____

I/we hereby grant consent to any and all health care providers designated by the Madera Indoor Youth Soccer Program to provide my child any necessary medical care as a result of any injury/illness. This consent includes all emergency services, including but not limited to First Aid and transportation to and from healthcare providers.

Parent/Guardian Signature _____ Date _____

No Refunds

Would you like to volunteer as a coach: Yes _____ No _____ Name _____

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Payment Information Form of Payment:

Cash _____ Check _____ Receipt # _____ Payment Taken By _____ Date _____

RELEASE OF LIABILITY FOR PARTICIPANTS

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

***No refunds will be granted once the season has begun regardless of injury, disciplinary reason or otherwise.**

In consideration of _____, my minor child/ward (participant),

(Participant Name)

being allowed to participate in any way in Madera Indoor Sports Center Indoor Youth Soccer Program; I the undersigned parent or guardian acknowledge, appreciate and agree that:

1. I, and the participant, agree to adhere to the rules and regulations of the Madera Indoor Youth Soccer program.
2. I acknowledge that there are inherent risks in this activity and by signing below, agree for myself and the participant to assume those risks.
3. Furthermore, I agree to indemnify and hold harmless the Madera Indoor Sports Center and anyone else associated with the Madera Indoor Youth Soccer Program from and against any and all liability for any injury/illness which may be suffered by the aforementioned participant arising out of or in any way connected with his/her participating in the Program.
4. I acknowledge that no medical insurance is provided for the Program and agree to secure such insurance for the participant.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. No Refunds

(Parent/Guardian Signature)

(Print Name)

(Date)