

**BUCYRUS AREA YOUTH SOCCER
2011-12 REGISTRATION & SKILLS CLINIC
RELEASE FORM**



(This form only needs to be completed if you registered on-line or to have it completed ahead of time to turn in at summer skills clinic)

Player(s) name(s):

_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____

Preferred Phone# _____ **Additional Phone#** _____

RELEASE TO PARTICIPATE: I, the parent/legal guardian of the above named player/registrant, a minor, agree that I, and the registrant, will abide by the rules of the league. I acknowledge that there are risks and dangers, both known and unknown, involved in participating in soccer and I know that unanticipated and unexpected dangers and hazards may occur during participation in soccer games, practices or related activities. I recognize the possibility of physical injury associated with soccer and in consideration for BAY accepting the registrant for its soccer programs and activities. I agree to release, discharge and / or otherwise indemnify and save and hold all persons connected with Bucyrus Area Youth Soccer Club, Inc., The City of Bucyrus, affiliates, sponsors, associated personnel and volunteers against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and / or being transported to or from the program, which transportation I hereby provide or authorize. By enrolling in this program I understand this Waiver, Release, Covenant Not to Sue and Hold Harmless Agreement extends and applies to any personal injuries, damages or losses which I and/or the registrant may experience or sustain arising directly or indirectly while engaged in this activity. I acknowledge that I (am / am not) (circle) married and that my spouse is aware of our child's participation and he / she consented to the terms and conditions of this agreement.

All player(s)/parents are excepted to participate in any and all fundraisers when asked to do so by the club. In addition, all parents excepted to work at least one shift in the concession stand.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

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

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NAME OF PARENT/GUARDIAN (PRINT) _____

This form applies to the 2011-12 soccer season(s) and/or the 2011 summer skills clinic.