



Hemfield Indoor Soccer League 2010-2011

Athlete Medical/Liability Waiver

Team Name: \_\_\_\_\_

**Athlete's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Does this athlete have any disabilities, handicaps, present injuries or limitations, allergies, heart conditions, history of respiratory illness or any other significant medical conditions?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ IF YES PLEASE STATE SPECIFICS HERE:

**Parent/Guardian Name(If under 18):** \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

**Emergency Authorization:**

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorizes the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisor/vehicle drivers to consent to medical, surgical or dental exam and or treatment. In case of emergency, I hereby authorize treatment and or care at any hospital. If there is an emergency and I cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Medical Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_

**Waiver/Release**

The undersigned parent or guardian (or athlete if 18 years or older) represents that the registrant is in good health and can participate in the Hemfield Indoor Soccer League, with prior knowledge of the physical nature and inherent risks of indoor soccer, releases Hemfield Parks and Recreation, Hemfield Township, Supervisors, staff, referees, and assigns from any and all responsibility for injury to the registrant as a result of negligence or otherwise while he/she is participating in the program. The undersigned individual also hereby gives permission to Hemfield Parks and Recreation to use photographs of the participant for the promotion of Hemfield Parks and Recreation events and programs.

Signature of Parent/Guardian (or athlete 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_