

Hamilton Heights Youth Soccer Club

Return Form & Payment to:
HHYSC
PO BOX 521
CICERO, IN 46034

Player's Name (Please Print)

First _____ Middle _____ Last _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ - _____ Date of Birth-Mo _____ Day ____ Yr ____ Age ____ Sex: M F
 School System _____ Grade _____ Parent E-mail _____
 Father (First) _____ (Last) _____
 Work Place _____ Phone _____
 Mother (First) _____ (Last) _____
 Work Place _____ Phone _____
 Another Person to notify in emergency _____ Phone _____
 Doctor to notify in emergency _____ Phone _____
 List any medical problems _____

<p>Would either parent be interested in coaching? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I would like to volunteer to: (please circle)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">As needed</td> <td style="width: 33%;">Team Parent</td> <td style="width: 33%;">Commissioner</td> </tr> <tr> <td>Asst.Coach</td> <td>Bd. Member</td> <td></td> </tr> <tr> <td>Team Sponsor</td> <td>Fund Raising</td> <td></td> </tr> <tr> <td>Registration</td> <td>Field Mt.</td> <td></td> </tr> </table>	As needed	Team Parent	Commissioner	Asst.Coach	Bd. Member		Team Sponsor	Fund Raising		Registration	Field Mt.		<p>Do you have a sibling playing soccer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sibling's Name _____</p> <p>Age Group _____</p>
As needed	Team Parent	Commissioner											
Asst.Coach	Bd. Member												
Team Sponsor	Fund Raising												
Registration	Field Mt.												

CONSENT FOR MEDICAL TREATMENT

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

WAIVER OF LIABILITY

In consideration of the athletic opportunities provided by the Club I do hereby release or otherwise indemnify Hamilton Heights Youth Soccer Club of Cicero, Indiana, its affiliated organizations all sponsors whether of the Club or Affiliated organizations, their employees and associated personnel, including the owners of the fields and facilities utilized for Hamilton Heights Youth Soccer Club programs, against any and all claims by or behalf of the registrant, his estate or any other party claiming on his behalf as a result of the registrant's participation in the Hamilton Heights Youth Soccer Club Programs and/or being transported to and from such programs or related activities. The undersigned, as parent or legal guardian acknowledges that in any athletic endeavor and upon a proper review of the program outlined by the Hamilton Heights Youth Soccer Club, serious injuries can and may result. It is the expressed intent of the undersigned to release and forever waiver the Hamilton Heights Youth Soccer Club from any and all liability arising from said injuries. The undersigned, as parent or legal guardian also gives permission for the registrant's photo to be placed on the Hamilton Heights Youth Soccer Club website (www.hhstingers.com).

I the undersigned as parent or guardian of the registrant do hereby give my consent to the registrant's participation and programs and activities of the Hamilton Heights Youth Soccer Club.

PARENT OR LEGAL GUARDIAN:

Signed _____ Print Name _____ Date _____

<p>SHIRT SIZE</p> <p>Circle one: YM YL</p> <p>AS AM AL AXL</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>HHYSC USE ONLY</p> <p>Amount Paid: \$ _____ Cash <input type="checkbox"/></p> <p>Check # _____ Amount: \$ _____</p> <p>Age: (Circle One From Each Row)</p> <p>U-6 U-8 U-10 U-12 U-14 U-16 U-19</p> <p>In-house Travel In-Door</p> <p>Total Amount Due _____</p>
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