



# 2020 Registration Form INDOOR SOCCER

Office Use Only:	
Receipt # _____	
Amount Paid _____	
Date Paid _____	
Received by _____	
Late Fee _____	Family Discount _____

Players Name: _____			Gender (circle one):    Male    Female	
(First)	(Last)	(MI)		
Address: _____			City: _____	Zip: _____
Elementary School Area: _____		School Attending: _____		
Birth Date: _____	Age: _____	Grade: _____	Medical Restrictions: _____	

Father/Guardian: _____	Please check only ONE box for preferred phone number	Mother/Guardian: _____
Phone (Day): _____ <input type="checkbox"/>		Phone (Day): _____ <input type="checkbox"/>
(Evening): _____ <input type="checkbox"/>		(Evening): _____ <input type="checkbox"/>
(Cell): _____ <input type="checkbox"/>		(Cell): _____ <input type="checkbox"/>
Parent/Guardian Email: _____		May we provide email to child's coach (circle one):    YES    NO

Emergency Contact Name: _____	Relationship to Player: _____
Emergency Contacts Phone Numbers: (Home): _____	(Cell): _____

<b>Player's Years of Experience:</b> _____	<b>How did you find out about this program (circle one):</b> BROCHURE - CITY EMAIL - COACH - FRIEND - PLAYED BEFORE - SANDY NOW - PEACHJAR - WEBSITE - OTHER _____	<b>Player would like to be on the same team as:</b> Coach: _____ Player(s): _____
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<u><b>Regular Registration</b></u> OCT 31— DEC 11 <b>\$55</b>	<u><b>Late Registration</b></u> DEC 12 <b>\$65</b>
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<u><b>Pre-School &amp; Kindergarten Coed</b></u>  _____ <b>Tuesday - Sandy Rec</b> _____ <b>Saturday - Sandy Rec</b>	<u><b>1st &amp; 2nd Grade Coed</b></u>  _____ <b>Wednesday - Sandy Rec</b> _____ <b>Saturday - Sandy Rec</b>
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Yes, I would like to help make this a successful program by volunteering as a (circle one):    Coach    Assistant Coach    Team Parent			
Print Name: _____	Email Address: _____	Best Phone #: _____	

# SANDY CITY FALL SPORTS

## PARENT/GUARDIAN INFORMED CONSENT AND AUTHORIZATION

In consideration of my child being allowed to participate in the program selected below, I, as their parent or guardian, hereby consent that he/she may participate in this program during the 2018 fall season and I hereby state that the information provided in the registration materials is true and complete. By completing the registration materials, I hereby grant permission and agree as follows:

2020 INDOOR SOCCER

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### Program Description, Release, Indemnify, Transportation

In enrolling my child in the above selected program, I hereby acknowledge that certain inherent risks accompany these programs that cannot be eliminated regardless of care taken to avoid injuries. These risks may include, but are not limited to: (1) **minor injuries**, such as a floor burn, scratches, bruises, blisters, strains, and sprains; (2) **major injuries**, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones; (3) catastrophic injuries as well as permanent disability and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I hereby recognize the risk factors described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in Sandy City Recreation Programs. I further state that my child is sufficiently physically fit to safely participate in these programs.

Recognizing the possibility of physical and/or emotional injury associated with my child's participation in Sandy City Recreation Program(s), I hereby release and agree to hold harmless, defend, and indemnify Sandy City and associated organizations and personnel from negligence to the fullest extent permitted by law, and against any claims by or on behalf of my child, myself, and any other parent or guardians for any damage or injury he/she or we may suffer including legal fees, as a result of his/her participation in the program, including transportation to and from activities.

\_\_\_\_\_ PLEASE INITIAL HERE

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### Emergency Medical Care Authorization

In the event my minor child is injured while participating in Sandy City Recreation Programs, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

*(I understand that in order for my child to participate in Sandy City Recreation Programs, I am required to have health insurance to cover injuries to my child arising from his or her participation in these programs and that Sandy City does not carry medical or accident coverage for this purpose. This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)*

Medical Restrictions on Player's Participation: \_\_\_\_\_

\_\_\_\_\_ PLEASE INITIAL HERE

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### Concussion Policy Acknowledgement

I have read this policy and understand what a concussion is, have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating or any upcoming program until cleared by a qualified Health Care Professional. Also, I will provide Sandy City with a written statement by this qualified Health Care Professional acknowledging my child is cleared to resume participation.

\_\_\_\_\_ PLEASE INITIAL HERE

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### Media Release

I hereby grant permission to use any photographs, film, and videos taken of my child's participation in Sandy City Recreation Programs for use in public media as well as official Sandy City publicity, such as Sandy City web site, publications, displays and presentations.

\_\_\_\_\_ PLEASE INITIAL HERE

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I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

Name of Parent

or Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)