



**GRIZZLY SOCCER ACADEMY
2010/2011 REGISTRATION**

NAME: _____

M / F Circle One

ADDRESS: _____

Birth date: ____/____/____

CITY: STATE: ZIP: _____

HOME PHONE: _____

PARENTS NAMES: _____

CELL PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

PHONE: _____

FAMILY DOCTOR/NUMBER: _____

FAMILY DENTIST/NUMBER: _____

IMPORTANT - BOTH OF THE CONSENT LINES BELOW MUST BE SIGNED

CONSENT FOR MEDICAL TREATMENT (MINOR):

As the parent or legal guardian of the above name player, I hereby give 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 me dependent.

Date: _____

SIGNATURE OF PARENT or GUARDIAN:

LIABILITY WAIVER

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the GSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify GSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same of which I authorize.

Date: _____

SIGNATURE OF PARENT or GUARDIAN: