2017 Hood College HS Summer Soccer League Player Registration Form (Coaches Distribute to Players)

Player Name | Age | DOB | Player Email

Home Address | City | State | Zip Code

High School You Attend | HS Grad Year | Coach's Name | Coach Email

Parent/Guardian | Home Phone # | Cell # | Emergency Contact | Phone #

Primary Email Address:*please write clearly*This email address will be used as the main form of communication about league updates, cancellations etc.

Player Medical Insurance Company | Group # | Policy # | Name of Policyholder

Specify Medications Player is presently using and for what each is used for | Player Allergies (Please list)

Please list a **history** of any medical conditions or any **current** medical conditions of player such as diabetes, heart related issues, concussions, etc.

Past illness or other information that would be useful in the event of treatment if necessary. Also feel free to attach any medical documentation that informs our staff on any past conditions to care for summer league player.
Emergency Contact :_____ Emergency Phone #_____ Parent/Guardian Name:_ _____

League Waiver: In consideration of my child's involvement and participation in the Hood College High School Summer Soccer League, I hereby voluntarily assume any and all risks of personal or property damage which might be associated with my child's participation and involvement in the program. I hereby certify that my child is in good physical condition and is physically able to participate in the activities of this athletic program. My child and I agree that she/he will follow all instructions, rules and regulations of Hood College and the Hood College High School Summer Soccer League.

I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next to kin, hereby release and hold harmless, and forever discharge Hood College, its successors, assigns, trustees, officers, employees, students, volunteers and agents from any and all injuries, losses or damages of any kind whatsoever suffered by my child as a result of her/his voluntary use of the Hood College facilities and participation in the Hood College High School Summer Soccer League.

To register for this league, the league participant must have valid medical insurance applicable during the selected soccer league session occurring from June 2017 thru August 2017.

Player Name (Please print): _____ ***Date:*** _____

Player Signature: _____ ***Date:*** _____

Parent/Guardian Full Name (Please print): _____ ***Date:*** _____

Parent/Guardian Signature: _____ ***Date:*** _____

****Team Coaches are responsible for distributing and collecting player liability forms and fees. Teams must submit Team Registration Form, Player Reg./Liability Forms and all fees for entry into League. Only players listed on the team roster with completed information and completed Reg./Liability forms are eligible to participate in the league****