

CASTOR SOCCER REGISTRATION FORM



CHILD #1 NAME	BIRTH DATE (M/D/Y)	ALBERTA HEALTHCARE #
CHILD #2 NAME	BIRTH DATE (M/D/Y)	ALBERTA HEALTHCARE #
CHILD #3 NAME	BIRTH DATE (M/D/Y)	ALBERTA HEALTHCARE #
CHILD #4 NAME	BIRTH DATE (M/D/Y)	ALBERTA HEALTHCARE #
DOCTOR'S NAME		DOCTOR'S PHONE
DOES YOUR CHILD HAVE AN ALLERGY (IES)? (IF YES, PLEASE SPECIFY WHICH CHILD AND WHICH ALLERGIES)		
DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS? (IF YES, PLEASE SPECIFY WHICH CHILD AND WHICH CONCERNS)		
IS YOUR CHILD TAKING ANY MEDICATIONS? (IF YES, PLEASE SPECIFY WHICH CHILD AND WHAT MEDICATIONS)		
PARENT/GUARDIAN'S FULL NAME		
ADDRESS	CITY/TOWN	POSTAL CODE
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL		
PRIMARY EMERGENCY CONTACT'S NAME		PHONE

LIABILITY RELEASE AND PARENTAL CONSENT FORM

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in the soccer program. This release is intended to discharge in advance the Castor Minor Sports Council, the Town of Castor, the Recreation Director, its directors, officers, employees, instructors, coaches and volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

PARENTAL CONSENT

I give consent for my child(ren) _____ to participate in the above activities, and I execute the above liability release on their behalf.

CONSENT FOR TREATMENT

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Castor



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Minor Sports Council and/or the Town of Castor will not provide medical insurance for such treatment, and that the cost thereof will be at my expense.

PHOTO RELEASE

I _____ hereby authorize the Castor Minor Sports Council and the Town of Castor to publish the photographs taken of me and/or the undersigned minor child(ren) and our names, for use on their website, social media and newsletter. I release the Castor Minor Sports Council and the Town of Castor from any expectation of confidentiality for the undersigned child(ren) and attest that I am the parent or legal guardian of the child(ren) listed below and that I have the authority to authorize the Castor Minor Sports Council and the Town of Castor to use their photographs and name. I acknowledge that since participation in publications and websites produced by the Castor Minor Sports Council and the Town of Castor is voluntary, neither the minor child(ren) nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Castor Minor Sports Council and the Town of Castor confers no rights of ownership whatsoever. I release the Castor Minor Sports Council and the Town of Castor, its contractors and its employees from liability from any claims by me or any third party in connection with my participation or the participation of the undersigned minor child(ren).

Name of Child #1: _____ Age: _____

Name of Child #2: _____ Age: _____

Name of Child #3: _____ Age: _____

Name of Child #4: _____ Age: _____

Parent or Guardian Signature Date

Witness Signature Date

<i>For Office Use Only</i>			
Registration Fee:	\$ _____	Date Paid:	_____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____