

HUGO YOUTH SOCCER LEAGUE

Registration

Name: _____ Date of Birth: ____/____/____ Grade: _____

Age: _____ Male ___ Female _____ Shirt Size: (circle one) YS YM YL AS AM AL AXL AXXL

Did you play last year? Yes _____ No _____ Team Name: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ Would text from coach be appropriate? yes ___ no _____

Parent/Guardian Name: _____

Emergency Contact _____ Phone # _____ Relationship: _____

Family Doctor _____ Health Problems: _____

Email address if you'd like to receive updates _____

Medical Release: We the parents of _____ give the local hospital and or physician on the medical staff of the hospital permission to administer emergency treatment fo injuries he/she may incur while participating in the approval of Hugo Soccer League games or practices. We understand the each participant must be covered by medical insurance. We hereby release the hospital, physicians on the medical staff and the Hugo Soccer league from liability.

Insurance: I understand that the insurance purchased is only a supplemental insurance policy to my existing policy and I give permission for my child to play soccer in the Hugo Soccer League.

Legal Release I, the parent/gaurdain of the registrant, a minor, agree that I and the registrar will abide by the rules of the Hugo Soccer League, its affiliate organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Hugo Soccer League accepting the registrant for its soccer programs and activities. I hereby release, discharge and/or otherwise indemnify the Hugo Soccer League, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf fo the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Signature

Printed Name

Date

Witness (HSL)

Date