

Draft _____

Hugo Youth Soccer League

Registration

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

Age: _____ Sex: 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: _____ Work Phone: _____

Parents/Guardian Name: (live with) _____

Emergency Contact: _____ Phone Number: _____

Relationship: _____ His/Her Address: _____

Family Doctor: _____ Phone Number: _____

Health Problems: (any) _____

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

Parent/Guardian Signature

Date

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: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/guardian of the registrant, a minor, agree that I and the registrant 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 (the Programs), 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 of 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 (Print full Name)

Date

Signature of Parent/Guardian

Witness (HSL)