

FAR POST SOCCER LLC REGISTRATION & MEDICAL FORM

GENERAL INFORMATION

Name		Age		Date of Birth		Gender	
Parent/Guardian Name				Age Group <small>AS OF FALL 2011</small>	U -		
Address				City			
Home Phone				State		Zip	
Cell Phone							
Email Address 1 (Print)							

MEDICAL INFORMATION

Family Physician Name		Family Physician Phone	
Please Specify Any Chronic Medical Problems <small>(Diabetes, Asthma, Epilepsy, Food or Drug Allergies, Etc.)</small>			
Please List Any Activity Restrictions Of The Player			
Please List Any Medications The Player Is Taking			
Emergency Contact Name		Emergency Contact Phone	

WARNING, WAIVER, AND INDEMNIFICATION AGREEMENT

I AM SIGNING FOR MYSELF OR ON BEHALF OF MY CHILD AND I AM AT LEAST 18 YEARS OLD, LEGALLY COMPETENT, AND I UNDERSTAND AND AGREE THAT THE TERMS BELOW ARE CONTRACTUAL. MY INTENT IN SIGNING THIS DOCUMENT IS TO ACKNOWLEDGE AND ASSUME THE RISKS INVOLVED IN THIS UNDERTAKING AND TO RELEASE FAR POST SOCCER, L.L.C., ITS AGENTS AND ASSIGNS, FROM ANY LIABILITY NOT CAUSED BY ITS DIRECT AND WILLFUL NEGLIGENCE WITH RESPECT TO MY INVOLVEMENT, INJURY OR DEATH IN THIS ACTIVITY.

I APPROVE OF MY CHILD'S ATTENDANCE AT THIS ACTIVITY AND CERTIFY THAT S/HE IS IN GOOD HEALTH AND IS FIT TO PARTICIPATE. I UNDERSTAND THAT THERE ARE INHERENT RISKS IN THIS ACTIVITY, WHICH HAVE BEEN CONSIDERED AND WHICH THE PARTICIPANT ASSUMES. PARTICIPANT HAS MEDICAL INSURANCE. I AGREE TO HOLD HARMLESS FAR POST SOCCER L.L.C AND THEIR AGENTS FROM CLAIMS OR DAMAGES DUE TO INJURY TO PERSON OR PROPERTY ARISING FROM MY CHILD'S PARTICIPATION IN THIS CAMP. I CONSENT TO EMERGENCY TREATMENT FOR MY CHILD, IF IN THE JUDGEMENT OF FAR POST SOCCER L.L.C., IT IS REQUIRED.

THIS WAIVER HAS BEEN READ AND UNDERSTOOD AND IS SIGNED VOLUNTARILY BY ME AS THE LEGAL REPRESENTATIVE FOR THE PARTICIPANT.

Players Signature		Date	
Parent/Guardian Signature		Date	