

2019 Hood College HS Summer Soccer League Player Registration Form



 Player Name (above line) DOB(mm/dd/year) _____ 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:

 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.

League Waiver: *In consideration of participating in Hood College's High School Summer League, the player named above and the player's parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Hood College, its owners, resident agent, officers, staff, administrators, volunteers, sponsors, representatives, and assigns, for and against any and all claims, actions, cause of action, suits, judgments and demands whatsoever arising directly or indirectly in connection with the player's participation in the clinic. By signing below, I acknowledge that I have read and understand this form and further understand the terms and herein are contracted and not a mere recital.*

Medical Release Authorization *I, being the parent or legal guardian of the above named player, authorize the staff of Hood College's Lacrosse Clinic to request treatment as necessary to ensure the well-being of our dependent. I certify that he is in good health and able to participate in the scheduled events. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my son.*

Terms & Conditions: *The Hood College staff holds the right to alter the format of the clinic at any time. Hood College staff reserve the right to alter the length or format of the clinic. The Hood College staff reserve the right to terminate a player's enrollment in the clinic for unsportsmanlike conduct. The Hood College staff holds the right to determine if games should be cancelled, for any reasons seem fit.*

** I, the player named above and the player's parent or guardian agree to the following, Waiver of Liability and Medical Release Form. The Signature below also verifies such agreement.*

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.**