

Bolton Soccer, Inc.
Spring 2010 Registration Form
(one form per child - please print clearly)

Bolton Soccer, Inc. Waiver and Release of Liability

In consideration of being allowed to participate in the Bolton Soccer, Inc. program and related events and activities, I, as parent or guardian with legal responsibility for this participant, acknowledge and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my child's participation; and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself and/or my child from participation and bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Town of Bolton and Bolton Soccer, Inc., their officials, agents, servants and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property. Whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement. I fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Bolton Soccer, Inc. Emergency Information and Consent Form

Participants Name: _____

Address: _____

Date of Birth: _____ Gender: _____ E-mail: _____

Phone (home): _____ Phone (work): _____ Phone (other): _____

Emergency Contact Other Than Parent/Guardian: _____

Relationship to Participant: _____

Phone Number(s): _____

Primary Medical Insurance Company: _____

Policy Number: _____

Known allergies or other pertinent medical information: _____

I hereby grant consent to any and all health care providers designated by Bolton Soccer, Inc. to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid treatment.

Signature of Parent/Guardian

Date

Bolton Soccer, Inc. Use Only

Fee Enclosed

Birth Cert on File

Date Received

Cash/Check No.

All Forms Complete

Received By

Notes: _____