RMSC Tryout Registration Form - Release of Liability & Emergency Medical Release

Tryout # _____ (To be issued at Tryout)

Participant's Name_____ Birth Date_____ U- _____

Street Address _____City _____ Zip_____

Previous Club Experience _____ Position Trying Out For _____

EMERGENCY INFORMATION

Father's Name_____ Home Phone (_____)_____ Bus Phone (_____)_____

Mother's Name_____ Home Phone (_____)_____ Bus Phone (_____)_____

Email Address for Contact Information _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name_____ Home Phone (_____)_____ Bus Phone (_____)_____

Name_____ Home Phone (_____)_____ Bus Phone (_____)_____

Allergies_____

Other Medical Conditions_____

Physician_____ Home Phone (_____)_____ Bus Phone (_____)_____

Medical/Hospital Insurance Company_____ Phone (_____)_____

Policy Holder's Name_____ Policy Number_____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER/YOUTH REFEREE BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including but not limited to permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue the Rolling Meadows Soccer Club, Rolling Meadows Park District, its affiliated organizations including but not limited to AYSO, Revengers, Vortex and Screaming Eagles Soccer Clubs and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Parent/Guardian Signature_____ Date_____

Parent/Guardian: Are you interested in coaching? (We will provide training) Yes _____ No _____

Are you interested in volunteering for a board or other position? Yes _____ No _____