

Norfolk County Futsal League

A United State Futsal Federation Sanctioned Futsal League



::: Player Information:

Player Name: _____

Birthdate: _____

Your Address: _____

Your City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____

Division: _____

Age & Gender: _____

::: Parent or Legal Guardian Information (If Applicable):

Parent/Guardian: _____

Your Address: _____

Your City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____

Division: _____

Age & Gender: _____

::: Emergency Contact Information:

Contact Name: _____

Phone: _____ **Cell Phone:** _____

Medical Conditions: _____

::: Consent & Release Section:

Consent for Emergency Medical Aid and Medical Treatment

As the Registrant or Parent/Legal Guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dental Medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being as deemed advisable in the event of an accident or illness during the soccer related activities in which we are voluntarily participating. I, the participant or parent/guardian of a minor registrant, agree that the registrant and I will abide by the rules of the league, its affiliates and sponsors. Recognizing the possibility of physical injury associated with Futsal and in consideration for the League accepting the registrant for its Futsal programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the League, its affiliated organizations (if any) and sponsors, their employees and associated personnel, including the owners of gymnasiums 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. Further, I hereby acknowledge that participation in athletic competitions, camps, and/or clinics carries with it certain potential hazards. In consideration for League accepting the registrant for its program, I further release, discharge and/or indemnify the league, its officers, directors and employees, any coaches, assistant coaches, team managers and referees, the schools in which any such athletic activities are being physically conducted, the league with which I am affiliated, the organization permitting the league to operate, and the institution/facility at which this activity is being conducted, against any and all claims by or on behalf of the registrant as a result of registrant's participation in the Futsal programs.

Player / Parent or Legal Guardian Consent Signature: _____