

# BEADLING SOCCER CLUB WAIVER/REGISTRATION FORM

NAME \_\_\_\_\_  
last first middle

ADDRESS \_\_\_\_\_  
number street city state zip

BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

Last 6 digits of player's social security number \_\_\_\_\_

EMERGENCY PHONE CONTACT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ INSURANCE I.D. NUMBERS \_\_\_\_\_

I am a parent of guardian of the above named minor child ("the player"). In consideration of acceptance of the player as a participant in the soccer program ("the program") sponsored by the Beadling Soccer Club, (the club"), **I have read and understood that:**

- (a) the sponsored activity, soccer, is an active contact sport that entails athletic risks and hazards that can result in injuries to players;
- (b) no physical examination of the player is requested by the Club, and any such examination is the responsibility of the Parent or Guardian;
- (c) the Club does insure participants under its PA West affiliation for limited accident, medical and liability coverage but is not responsible for the extent of coverage.
- (d) children are not eligible to participate in any activity sponsored by the Beadling Soccer Club unless their parents or guardians provide medical and health insurance for them.

Therefore, with notice of the above and on behalf of \_\_\_\_\_ (player)  
and \_\_\_\_\_ (parent/guardian), I agree:

- (a) the player is authorized to participate in all phases of the program which by definition includes practices, games, activities normally related thereto, and travel to and from such activities;
- (b) the player has no known previous or existing physical or mental incapacity that would increase the normal risks and hazards of injury to the player or to others;
- (c) to assume all risks and hazards incidental to the player's participation in the program and hereby release the Club and any of its authorized personnel from any damages arising out of any injuries to the player; and,
- (d) I will provide medical and health insurance for my child with the following insurance company or plan:  
\_\_\_\_\_  
\_\_\_\_\_
- (e) any insurance provided by or for the Parent/Guardian shall be considered primary to the full amount of that insurance coverage to the extent any injury sustained by the players is covered by such insurance and, in the event the Club provides insurance, it shall be secondary to the full amount of the insurance provided by or for the Parent/Guardian.
- (f) that the player will be rostered and registered to the Beadling Soccer Club for the entire playing season. There will be no transfers granted under the Classic league rules. A player may appeal to the hearings and appeals committee.

