



Clinton Youth Soccer Registration Form & Liability Waiver

Player's Name: _____ School Grade for 2016-17: _____

Address: _____ Child's Age: _____

City: _____ Zip: _____ Date of Birth: _____

Parent or Guardian Name: _____ Phone: _____

Email Address: _____ Cell Phone: _____

Current Medical conditions/Medications/Allergies: _____

I am registering for: TRAVEL Team: (circle one) U11B U11G U12G U15G

> Registration is not a guarantee of placement.

****Please make check payable to: Village of Clinton****

Registration fee: On or before February 10th \$125, February 11-March 4 \$150

(Payment includes a \$25 Soccer Booster Club registration)

No registrations will be accepted after March 4th

Questions or concerns please contact Dino Bruecker at (734)260-1013 or clintonssoccer@hotmail.com

Please return completed form & payment to: Clinton Village office, 119 E. Michigan Ave, Clinton, MI 49236

Please read carefully. Waiver must be signed.

Emergency Authorization: I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors, as my agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by medical personnel. If there is an emergency and I cannot be reached, please contact:

Emergency Contact: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Waiver of Liability and Disclaimer:

I, the parent or legal guardian of the participant, acknowledge that the participation in athletic events necessarily involves risk of personal injury. I further acknowledge that Village of Clinton Recreational Soccer is administered by parents who volunteer their time rather than a paid professional. In consideration for accepting the registration of the above named individual in this program, I hereby release, discharge, and hold harmless Village of Clinton Recreational Soccer, its volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Clinton Recreational Soccer, including physical injury caused by negligence of any official, referee, or coach while performing his/her duties during any practices or games.

Parent or Legal Guardian's Signature: _____ Date: _____

-----League Use Only-----

Paid Amount: \$ _____ Check #: _____ Initials: _____