



Clinton Youth Soccer Registration Form and Liability Waiver



Player's Name: _____

Address: _____

Age: _____

City: _____ Zip: _____

Date of Birth: _____

Parent or Guardian Name: _____ Phone: _____

Email Address: _____ Cell Phone: _____

Current Medical conditions/Medications/Allergies: _____

I am registering for: [] RECREATION Ages: 3-7 Shirt Size: _____

Buddy Requests (not guaranteed): _____

I would be interested in [] Coaching [] Helping Coach [] Team Communication [] Clinton Soccer Board

******Please write check to: The Village of Clinton for \$60 by March 17th (\$85 after March 17th) ******

****No registrations will be accepted after April 7th****

(Payment includes a \$10 Soccer Booster Club Registration)

Games will begin April 22nd. Your child's coach will be in contact in early April

Please send form & Check to: Clinton Village Office, 119 E. Michigan Ave, Clinton, MI 49236

Questions Please Contact Richelle Covell at ClintonSoccer@hotmail.com

{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 Clinton Recreational Soccer is administered by parents who volunteer their time rather than paid professional. In consideration for accepting the registration of the above named individuals in this program, I hereby release, discharge, and hold harmless 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: _____