



Open Field RecPlus Practice June and July, 2016 Mill Creek Optimist Soccer Club

Payment Amount/Type:	
Cash _____	PP _____
Check # _____	
Received by: _____	

PERSONAL INFORMATION

Player's Name _____

Sex ___ F ___ M Player's Birthdate _____

Street Address _____ Town _____ Zip Code _____

Email _____ Phone # _____

Who to Contact in Case of Emergency _____

PARTICIPATION AGREEMENT: I hereby give permission for child listed on this form to participate in the Mill Creek Optimist Soccer Program ("MCOSC"). On behalf of such child and myself, I hereby release and agree to hold and save harmless the MCOSC, Mill Creek Community School Corporation, the coaches/instructors, and all personnel associated with the soccer program. In consideration for such child being permitted to participate in the soccer program, I hereby agree to secure and maintain medical insurance coverage for injuries to such child which may arise in connection with the soccer program. In the event of injury of the previously listed child, I hereby authorize the coaches and representatives of the soccer program to administer or secure first aid treatment and/or secure the services of any legally qualified physician or hospital. I hereby agree to assume any and all financial obligations connected herewith. I hereby voluntarily consent to the render of such care, including diagnostic procedures, surgical, and medical treatment, and blood transfusions, by authorized members of hospital staff or their designees as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of child's condition. I hereby give my consent to the MCOSC to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my child. I acknowledge that I am responsible in connection with care and treatment rendered during this period.

Family Physician/Pediatrician: _____ Phone Number: _____

Child's Allergies (Food/Medicine): _____

Other conditions coaches should be aware of: _____

Date of Last Tetanus Booster: _____ Medicine(s) Child is Currently Taking: _____

Insurance Carrier: _____ Group Number: _____

PARENT/GUARDIAN AUTHORIZATION (Please check the boxes and sign below.)

- Yes: I have read the above **Participation Agreement** and certify that I understand its contents and deem any and all information as accurate.
- Yes, I give permission for Mill Creek Optimist Soccer to take and use pictures of my child. (Names NEVER posted)

Printed Full Name of Parent(s) or Guardian(s): _____

Parent(s) or Guardian(s) Signature: _____