

# Hereford Indoor Tuesday Night Soccer Club 2010 Registration Form

**Participants:** High School students who played in Hereford Indoor Soccer 2010 Season.

**Games:** No formal teams will be drafted and no t-shirts will be issued. Teams will be formed each Tuesday prior to game time from registered players who show up. Players will be issued pinnies prior to each game. Playing time will be determined by number of players attending. Game will be refereed by volunteers.

**Location & Game Days:** Reisterstown SportsPlex Tuesday nights from 7pm to 9pm.

**Cost:** \$30.00 per Student - Maximum of \$50.00/Family - **NO REFUNDS!** Make checks payable to Hereford Zone Recreation Council. Payment must accompany registration. **All registrations will be mail in with open registration for entire session. Please mail registration to the P.O. Box on the second page of this form.**

For additional information, please contact:

Hereford Indoor Soccer President: Sterling Leese, Jr. 410-357-8040

**For information and/or registration form, go to [www.herefordrec.org](http://www.herefordrec.org)**

----- COMPLETE ALL INFORMATION & MAIL IN WITH CHECK-----

**IMPORTANT - A separate registration form must be filled out for each player. No other forms accepted!**

Child's Name \_\_\_\_\_ Gender: **Male** **Female** Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Address with Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell # \_\_\_\_\_ Amt. Paid \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_

**CURRENT SCHOOL GRADE (MANDATORY)** \_\_\_\_\_ **SCHOOL ATTENDING** \_\_\_\_\_  
(Must complete for League Determination)

Number of siblings also playing in Tuesday Night Soccer Club Soccer \_\_\_\_\_ Names \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency/Health Issues:**

In case of emergency, please notify (if minor/child participant, provide parent’s information or Guardian, as appropriate).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ Physician’s Phone: \_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ Date of last tetanus immunization: \_\_\_\_\_

Any medical, psychological, or behavioral conditions we should be aware of (bee stings, food allergies, etc.)? \_\_\_\_\_

- 1. Are there any medical or health factors or limitations that might affect participant’s performance in the activity?  
Yes \_\_\_ No \_\_\_
- 2. Is participant taking any medications or have a condition that may affect participant’s safety or performance in the activity?  
Yes \_\_\_ No \_\_\_
- 3. Is participant required any special accommodations (due to disability) to participate in the activity?  
Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_

In case of injury or emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively “I” for this registration form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform the Recreation Council, in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant’s safety, performance or participation in or throughout the activity.

Signature of participant or, if minor, of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:**

I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may in involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity.

I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each on “activity representative” and collectively the “activity representatives”), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant’s involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes through the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my drivers license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the recreation council.

Signature of Participant (if over 18) OR of parent/guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**Mail to: Hereford Indoor Soccer Association  
P.O. Box 28 Monkton, MD 21111  
Attention: Sterling Leese, Jr.**