Chicago Inter Soccer Club

Player Registration Form

2010/2011

(Please complete registration information clearly)

Team Name: Chicago Inter _____ U- _____ B or G
(Homer Glen or Riverside-Brookfield) (Circle one)

Player's Name: _____
Player's Last Name **Player's** First Name **Player** Birth Date Year

Home Address: _____
Street City State Zip

Home Phone Number: _____ Email: _____
(For club communication)

Primary Guardian: Father or Mother (circle one)	Other Guardian: Father or Mother (circle one)
Name:	Name:
Address if different from above:	Address if different from above:
Home Phone: Cell Phone: Office Phone:	Home Phone: Cell Phone: Office Phone:
Email:	Email:

Statement of Liability and Understanding:

My child/ward has my permission to participate in Chicago Inter Soccer Club program. I hereby certify that my child/ward is in good health and able to participate in all activities. I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against Chicago Inter Soccer Club, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Chicago Inter Soccer Club from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me and arising out of, connected with, or in any associated with this program/activity. In the event of a medical emergency, I grant permission for my child/ward to receive emergency treatment at a local hospital only after reasonable attempts have been made to contact me.

PRINTED NAME OF PARENT OR GUARDIAN: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN DATE: _____ DATE: _____