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CCS Soccer Registration & Consent Form

for _____
(current academic year)

Fee received:
_____ uniform fee (varsity) \$ _____
_____ player fee \$ _____
_____/____ Waiver / commitment
_____ Payment plan (yes/no)

I hereby give my permission for _____ to participate in the Covenant Central Sports (CCS) Soccer during the athletic season(s) for the 20__ - 20__ school year. Further, **I authorize CCS to provide emergency treatment of an injury to or illness of my child** if qualified medical personnel consider treatment necessary and perform treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Size: Jersey __ Shorts __ socks __

Player's full name: _____, _____ School grade: _____

Street Address _____ City: _____, SC Zip: _____

Parents' names: _____ Same address as child yes / no

Mother's phone: Home (____) _____ Cell (____) _____ Work (____) _____

Father's phone: Home (____) _____ Cell (____) _____ Work (____) _____

Family physician _____ Phone (____) _____

Primary health insurance company: _____ Policy no: _____

Pre-existing medical conditions (e.g. allergies or chronic illnesses) or maintenance medication _____

Parents initials:

____ The above named child **is not** currently under medical care for any condition that would limit his/her ability to safely and fully participate in soccer.

____ The above named child **does not** present any medical or emotional condition that could potentially cause harm to himself, his/her teammates, staff or opposing teams. (E.g. communicable diseases, emotional instability, etc.)

Other(s) to contact in case of emergency:

Name _____ Phone (____) _____ or (____) _____

Relationship to child/family _____

Name _____ Phone (____) _____ or (____) _____

Relationship to child/family _____

____ I understand and have signed the Waiver and Release of Liability (reverse of this page) and agree to its condition on behalf of my child.

I do / do not (please check one) grant permission to CCS to authorize publication of my child's name and photograph on the CCS website, in advertisements and other publications.

Athlete's signature _____ Date _____

Parent's signature _____ Date _____