



Values & Vision

Geneva Parks & Recreation Department

Recreational Youth Soccer Program Registration

Player's Name (Please Print): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent's Name (Please print): _____

Email (please use one that can be reached during the day as well): _____

Please check the appropriate division the player will be participating in:

Soccer: Kindergarten & 1st Grade: _____ 2nd & 3rd Grade: _____ 4th, 5th & 6th Grade: _____

We, the undersigned parents and/or guardians of the child named above, would like our child to participate in the recreational youth soccer program offered by the Geneva Parks & Recreation Department. We are fully knowledgeable of the possible dangers in this sport. By signing this release, we waive our rights to sue, and assume the risks and all costs for any personal injury that arises from the playing and practicing of this sport as well as related activities thereto and hereby agree to hold harmless and indemnity, and release and discharge the Geneva Parks and Recreational Department, City of Geneva, School District #25, employees, coaches, managers, other agents and officers, of all claims and demands of every name and nature arising from the practicing and playing of this sport, from tournament or travel to and from competition including regular seasons, as well as any activities relating hereto.

Our child has also recently had a physical examination and is in good health.

_____ Birth date of child _____ Age _____

Parent's Signature

_____ Date Paid _____ Amount _____

Coach's Signature

This form **MUST BE SIGNED** before participation can take place.

This release is due by July 29, 2019.

Please make check payable to City of Geneva Parks & Recreation.

Fees:

Soccer:

Kindergarten & 1st Grade: \$35.00

2nd & 3rd Grade: \$35.00

4th, 5th & 6th Grade: \$35.00

This form is required before participating in Geneva Parks & Recreation Department:
Youth Soccer Program.

Please fill out ONLY top or bottom portion of form.

If you GRANT permission to administer anesthetic and/or emergency treatment as required to your son or daughter. Then please complete the following form:

Emergency Information

Participant's Name: _____ Birth Date: _____

Parent's Name: _____ Address: _____

Home Phone #: _____ Work or Cell Phone #: _____

If no answer, please phone in case of emergency:

Name: _____ Phone #: _____ Physician: _____

Hospitalization Insurance: _____ Last Physical: _____

History of Diabetes or Epilepsy: _____ Allergies to Sulfa, Penicillin, etc. _____

Signature of Parent/Guardian

Date

Signed in my presence this _____ day of _____, 20_____.

I DECLINE to grant permission to administer anesthetic and/or emergency treatment as required to your son or daughter. Then please fill out the following:

Emergency Information Liability Release

This will certify that I, _____ (parent or guardian), of _____, having been requested to furnish all of the information and to execute the same, decline to do so and decline to grant permission for the emergency treatment of _____ by a doctor of medicine and decline to grant permission to any person to administer an anesthetic in the event of the medical emergency to _____, on the grounds that such actions are contrary to my and his/her religious beliefs/teachings. This will further certify that I hereby release the Geneva Ball Player's Association, its members, its agent, its representatives, and it's employees from any and all liabilities of any nature whatever from an injury or harm or complications of any kind that may result directly or indirectly, by reason of my refusal and failure to grant permission of emergency medical treatment and for the administration of an anesthetic to _____ and by refusal and failure to furnish all the information requested on the top portion of this form by my refusal to execute same.

Signature of Parent/Guardian

Date

Signed in my presence this _____ day of _____, 20_____.