



REGISTRATION/RELEASE FORM

Player Name _____ Age _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____ Phone _____

E-mail address _____

Emergency Information:

Mother's Name _____ Cell Phone (____) _____

Work Phone (____) _____

Father's Name _____ Cell Phone (____) _____

Work Phone (____) _____

Player's Physician _____ Phone (____) _____

PARENT'S APPROVAL AND RELEASE

I recognize this possibility of physical injury associated with participation in soccer and in consideration of the La Roca Futbol Club/Weber State University and its affiliates accepting the above named player in its programs, activities, and/or tournament (The "programs"), I hereby release, discharge, and otherwise indemnify and defend La Roca Futbol Club/Weber State University, its affiliated organizations and sponsors, their employees, officers, directors and associated personnel, including the owners of facilities and fields used for the programs, against any claim, damages, lawsuits, or causes of action by or on behalf of the above-named player, allegedly arising from or as a result of player's attendance at, travel to, or participation in the programs.

The above-named player has received a physical examination by a physician and has been found physically capable of participating in the programs. I hereby give consent to have an athletic trainer and/or doctor for medicine or dentistry provide the above-name player emergency medical assistance if the player is injured and I am not present to arrange for such care. I agree to be responsible for the cost of any medical treatment necessary as a result of injuries sustained as a result of player's attendance at, travel to or participation in the programs.

Signature of Parent/Guardian _____ Date _____

PROGRAM : La Roca / WSU Juniors