

Lancaster-Depew Soccer Club

2009 Travel League Registration

Name			
Birthdate		Soccer agegroup	
M/F		School	
player e-mail			
Parent 1			
Address			
Town		Zip	
phone1		phone2	
e-mail 1			
e-mail 2			
Parent 2			
Address			
Town		Zip	
phone1		phone2	
e-mail 1			
e-mail 2			

Indemnification

I the undersigned parent/guardian do ourselves, executors, administrators, or heirs, agree to hold harmless and agree to indemnify the Lancaster Depew Soccer Club, its member state associations, member leagues, officers, officials, coaches, referees, managers, owners of soccer fields and facilities utilized, or any sponsor of claim that might be asserted by us or child as a participant in the soccer game. I do hereby authorize the officers, leader, or coach, agents of the youth soccer association and/or affiliated members, to transport, as required, the above to and from the association sponsored activities including, but not limited to, athletic and social events.

Consent for Minor Treatment

As the parent of legal guardian of the above named player(s), I hereby give consent for emergency medical care prescribed by a duly licensed physician of medicine. The care may be given whatever conditions are necessary to preserve life, limb, or the well being of my dependent(s).

Parent/Guardian Signature: _____ Date: _____