

Nebo United Soccer Club Player Participation Form

(ALL information is required in order to be placed on a team. We make a solemn commitment to all parties to *never* share your personal information except for the sole purpose of conducting business for Nebo United Soccer Club.)

Player's Name _____ EPAF ___ pymt ___ check# ___ cash ___
Player's Age _____ U- _____ Male _____ Female _____
Player's Birth Date (mm/dd/yy) _____
Player's Full Address _____ City _____ Zip _____
Mother's Name _____ Employment _____
Father's Name _____ Employment _____
Home Phone Number (____) _____
Player's Cell Phone (____) _____
Mother's Cell Phone (____) _____
Father's Cell Phone (____) _____
Player's e-mail _____
Mother's e-mail _____
Father's e-mail _____

The Nebo United Soccer Club uses our website, www.nebounited.com, as a principal form of communication. We post all of our scheduled activities online. Whenever there is a change in the schedule due to weather, last minute field location changes or other critical information we post those changes on the website. We will also send very important information via e-mail.

Are you prepared to check the Nebo United website and your e-mail regularly: **daily** during the season and **frequently** during the off-season?

(Please check one box)

Yes No No Internet access

Participation Risk Statement

I, the undersigned, am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and death. In my capacity as a parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

I hereby give permission for my **son/daughter** _____ to participate in the Nebo United Soccer Club. As the parent/guardian, of the minor participant, I agree that the participant will abide by the rules of the Nebo United Soccer Club and its affiliates. I do further release any and all Nebo United Soccer Club and affiliates against any claim or action of behalf of the above named participant.

Parent/Guardian Signature _____ Date _____

Consent for Medical Treatment on behalf of a Minor

I hereby give permission, as the parent/legal guardian of the above named registered participant, to receive emergency medical care prescribed by a certified doctor of medicine and/or dentistry as deemed to be necessary. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Date of last tetanus booster ___/___/___

Known allergies, including allergies to medicine _____

Any other medical problems that should be noted _____

Family Physician _____ Phone (____) _____

Person responsible for charges (if different from above) _____

Address _____ City _____ State _____ Zip _____

Phone _____ (H) _____ (W) _____ (C) _____ (FAX) _____

Emergency Contact (Other than parent) _____

Home (____) _____ Work (____) _____ Cell (____) _____

I further acknowledge the participant is insured by a personal/family policy.

Insurance Carrier: _____ Policy # _____

Parent/Guardian Signature _____ Date _____