



Wheat Ridge Avalanche Soccer Association Player Registration

P L A Y E R	FIRST _____ LAST _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	BIRTH DATE ____/____/____ GENDER: MALE / FEMALE

P A R E N T \ G U A R D I A N	Name _____ Occupation _____
	Phone: Primary (____) _____ Secondary(____) _____
	Email _____ @ _____
	Address, City/State/Zip _____
	Name _____ Occupation _____
	Phone: Primary (____) _____ Secondary(____) _____
	Email _____ @ _____
	Address, City/State/Zip _____

M E D I C A L \ I N F O R M A T I O N	Date of last Tetanus Booster ____/____/____
	Known allergies, including allergies to medicine _____
	Other Medical Issues _____
	Family Physician _____ Phone (____) _____
	Person responsible for charges (if different from above) _____
	Phone Primary (____) _____ Secondary(____) _____
	Address, City/State/Zip _____
	Person to notify if parent/guardian is unavailable _____
	Phone Primary (____) _____ Secondary(____) _____
	Insurance Carrier _____ Policy Number _____

MEDICAL CONSENT AND WAIVER:

As the parent/legal guardian of the above named player ("Player"), I authorize any adult acting on behalf of the Wheat Ridge Avalanche Soccer Association ("WRASA") to obtain the necessary medical treatment for the Player and I request that, in my absence, the player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the player. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the Player.

I, in my own behalf and on behalf of the Player and our respective heirs, administrators and successors, intending to be legally bound, further agree to release and indemnify the WRASA Parties, the owners and operators of facilities used for Programs and their respective directors, officers, representatives, members, agents and any other adult acting on their behalf (hereinafter collectively "Releases") in exercise of this authority. I further understand that I will be responsible for any and all medical, hospital, ambulance and related expenses that may be incurred on behalf of the Player. I, in my own behalf and on behalf of the Player, further agree and to hold harmless Releases from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees and costs).

I, the parent/guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of Colorado Youth Soccer and WRASA. I further grant to WRASA parties the right to use the players name, picture and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the players status as a participant in the programs.

Guardian Signature _____ **Date** _____

Club Use Only	Player # _____ Team _____ Team # _____ Age Group _____ Jersey Number _____
---------------------	--