
Havelock Youth Soccer Association
P.O Box 671 Havelock, North Carolina 28532

**Soccer Registration Form
Medical Consent
Waiver of Liability Release**

Challenge _____	Div _____
Date _____	Initial _____
Check # _____	Cash _____

Please Print

Last First Middle

PLAYER'S NAME _____ PHONE _____

ADDRESS _____ DOB ____/____/____

CITY _____ STATE _____ ZIP _____

SEX _____ PARENTS EMAIL _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

MEDICAL INSURANCE CARRIER _____

SPECIAL MEDICAL CONDITIONS _____

EMERGENCY CONTACT _____ PHONE _____

If you want brother/sister on same team, enter siblings name _____

Siblings must be within the same age division. PLAYERS ARE NOT ALLOWED TO PLAY OUT OF THEIR AGE GROUP.

VOLUNTEERS

FATHER _____ COACH _____ ASST.COACH _____

MOTHER _____ COACH _____ ASST.COACH _____

We the parent or guardian of the above named individual acknowledge that participation in athletic events necessarily involves risk of physical injury. We the undersigned do hereby assume responsibility for any injury incurred that may result from my child's participation in the Havelock Youth Soccer Association (HYSA) Program. I hereby remise, release, and forever discharge the HYSA and all others listed hereafter: organizers, sponsors, officers, board members, commissioners, coaches, and landowners permitting the use of their land for soccer activities, I agree to abide by the rules, regulations and decisions of the HYSA and the Eastern Carolina Soccer Association, and agree to disciplinary actions taken by the above named associations boards, officers and referees.

In addition, we, the undersigned, do hereby authorize any team coach or designated adults of the team, if after a reasonable attempt has been made to reach the parent or guardian to obtain consent or if sound medical practice decrees there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the registrant under general or special supervision and the advice of any physician or surgeon duly licensed to practice. We do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the registrant by any dentist duly licensed to practice.

We _____ the parents or legal guardian of the registrant,
Parents/Legal Guardian Signature

_____ a minor child, wishing to participate in the Havelock Youth Soccer
Print Child's Name

program, have read and fully understand and agree to the **Waiver of Liability**.