



# Membership Application

## PLAYER REGISTRATION

PLAYER NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ MALE  FEMALE   
MONTH / DAY / YEAR

ADDRESS \_\_\_\_\_  
APT / STREET ADDRESS CITY, STATE ZIP CODE

EMAIL \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
HOME CELL OTHER

## LIABILITY WAIVER / MEDICAL TREATMENT CONSENT

I, the undersigned agree to participate in any program or activity held at the facility above and acknowledge that participation in this program may involve risk of serious injury or death, including some economic losses which may result not only from participants actions, inactions, or negligence, but also from the actions or inactions of others, or the condition of facilities, equipment, or areas where the event or activity is being conducted. Furthermore, the undersigned both understands the risks associated and agrees to assume any and all such risks arising out of or in the course of participation in this activity or event. Furthermore, the undersigned agrees to immediately report to the activity or event supervisor any unsafe condition or any injury incurred. The undersigned agrees to indemnify, defend, and hold harmless Soccer Nation, its officers, officials, employees, and volunteers from and against disability, loss, damage, expenses, costs (including without limitation cost and fees of litigation) of every nature arising out of or in connection with the participation in the activity or event described above or failure to comply with any obligation related to this activity or event. The undersigned hereby gives consent for the below named participant to be treated by a physician or surgeon in case of sudden illness or injury while participating in the above activity or event. It is understood that Soccer Nation provides no medical insurance for such treatment and that any such cost thereof will be at the undersigned's expense.

Person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is participant on any medication? Yes \_\_\_ No \_\_\_ If Yes, what? \_\_\_\_\_

Is participant allergic to anything? Yes \_\_\_ No \_\_\_ If Yes, what? \_\_\_\_\_

Is participant carrying any injuries? Yes \_\_\_ No \_\_\_ If Yes, what? \_\_\_\_\_

\_\_\_\_\_  
**Initial here** \*\*I understand and agree to abide by all Soccer Nation Rules and/or Consequences. I hereby grant Soccer Nation permission to use my likeness in a photograph in any and all of its publications including the website without payment or consideration. I agree to relinquish any rights or considerations to any such photo.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years of age)



Office Use Only:

Amount Paid	Identification Check	Entered into EZ?	Member #	Employee Initials	Date
Waived					