

Salmon
Creek



UNITED

Salmon Creek Soccer

SC Select

FC Salmon Creek

Salmon Creek Soccer Club

REGISTRATION FORM

OVERNIGHTER RELEASE FORM

Child's Name: (Last) _____ (First) _____ M _____ F _____

Child's Birthday: (month) _____ (day) _____ (year) _____

Parent's Name: (Last) _____ (First) _____

Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Event name: _____

RISK: I understand that there is risk of injury and that SCSC and SCISA will take precautions to prevent accidents.

RELEASE: I hereby consent to have my child/ward participate in programs offered by Salmon Creek Soccer Club and SCISA. Simple first aid will be administered to all minor injuries. Parent or doctor will be contacted if necessary. I hereby agree that my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against SCSC and SCISA. I understand the risks involved in respect to such programs.

PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named participant(s) is in good health. I hereby authorize SCSC or SCISA to administer simple first aid. I also authorize a medical exam, x-rays, or a **PERMISSION TO**

USE PHOTO: I hereby consent to have my child's picture taken while participating in this event and give SC Soccer Club and SC Indoor Soccer Arena permission to use the photos for public viewing.

Signature _____ Date _____ Date of Event _____

OFFICE USE ONLY:

Paid \$ _____ Date _____ Initials _____