



Special Programs Registration & Liability Release

Participants Name: _____ Activity (s): _____

Address _____ City _____ Zip Code _____

Date of Birth _____ Primary Phone # _____ E-Mail Address _____

Emergency Contact Name: _____ Contact # _____

List any medical conditions that player has that could affect players' participation: _____

Players Physician: _____ Phone Number: _____

Make Checks Payable To: Boys and Girls Club of the Coastsides

Parental Consent and Waiver of Claims

To Parent/Guardian: Please read and sign below:

I, the parent/legal guardian of the above named player hereby approve of my child's participation in the **B&G Club of the Coastsides and Half Moon Bay Soccer Club** Special Program's. I certify that my child is in good health and is able to participate in any and all program activities.

I understand that there is a risk of injury involved in my child's participation in the above mentioned activity/s including but not limited to risks associated with injury due to weather conditions, playing conditions, equipment, other campers, and the inherent risks of injury in the clinic or games.

I for myself and the player and our respective heirs, administrators and successors, intending to legally bound, hereby release and indemnify the **BGCC & HMBSC** parties, the owners and operators for the facilities used for the programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the programs.

As the parent/legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of me or my dependent.

I understand and agree that the **BGCC & HMBSC** Special Program's retains the right to use, for publicity, advertising or other purposes, photographs of my child, taken during attendance at the camp.

Print Name (legal guardian)

Signature

Date

affiliated with...

