

Socorro Police Youth Athletic League Player Registration Form

Player Information:

Player Name _____ DOB _____

Address _____ Zip _____ Player Cell _____

Grade _____ School _____

Uniform Size: Shirt _____ Shorts _____ (adult sizes S,M,L,XL or youth S,M,L,XL)

Parent Information:

Parent Mother Name _____ Phone _____

Parent Mother E-mail _____

Parent Father Name _____ Phone _____

Parent Father E-mail _____

Emergency Contact:

Name _____ Relation _____

Socorro Police Youth Athletic League Authorization, Waiver & Release

Name of Player: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Parent/Guardian Permit: I give my consent for the above-named player ("Player") to participate in the Socorro Police Youth Athletic League (the "League"). This includes, but is not limited to, practices, games, travel with the coach and/or team representatives, and other sponsored events. I agree that the above-named student will abide by all League rules and any established player code of conduct.

Medical Certification: I understand and agree that I am solely responsible for ensuring that Player is medically qualified to engage in any and all activities associated with the League. I will ensure that Player passes a physical examination before he or she participates in any League activities. I will provide such medical certification upon request by League officials.

Website Pictures: I give my consent to post my player's photograph on the Athletic League's website and for Player to be videotaped and or photographed while participating in the League.

Knowledge of Risk: I understand and acknowledge that participation in the League involves intense physical activities by Player that include **INHERENT RISKS, NOT LIMITED TO, DEATH AND SERIOUS INJURY (INCLUDING BY WAY OF EXAMPLE ONLY, SERIOUS NECK AND SPINAL INJURIES RESULTING IN COMPLETE OR PARTIAL PARALYSIS, CONCUSSIONS, HEART ATTACKS, AND INJURY TO BONES, JOINTS, OR MUSCLES)**. These risks include the actions of third parties, including from players on opposing teams. I fully understand the high level of risk associated with Player's participation in the League.

Release of Liability: I am authorized to act on behalf of Player and I, individually and on behalf of Player, hereby release the City (which includes the City of Socorro, Texas Police Department), as well as its agents, officials, officers, employees, insurers, elected officials and other representatives, as well as the League, all coaches, adult leaders, League officials and all of their agents and officials (collectively, the "City Parties") from any and all claims, causes of action, suits, demands, actions, expenses, compensation, damages, medical expenses, costs, fees, lost income, personal injuries, pain and suffering, mental anguish, gross negligence claims, negligence claims, personal injury and mental anguish claims, or loss of any kind, foreseen or unforeseen, which may hereafter accrue as a result of the Player's participation in the League, including for any medical treatment provided to Player. I hereby agree to indemnify and save and hold harmless the City Parties from any loss, liability, damage or cost (including but not limited to attorney fees) it may incur arising in connection with Player's participation in the League. **THIS RELEASE SHALL APPLY REGARDLESS OF WHETHER THE LOSS IN QUESTION ARISES IN PART FROM ANY NEGLIGENT ACT OR OMISSION OF THE CITY PARTIES OR FROM STRICT LIABILITY OF ANY SUCH CITY PARTIES OR OTHERWISE. I UNDERSTAND THAT THIS AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF TEXAS AND IS INTENDED TO ELIMINATE ANY LIABILITY OF ANY KIND AS IT RELATES TO THE CITY PARTIES.**

Medical Consent: If, in the judgment of any representative of the League, the Player should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given to the Player by any physician, athletic trainer, emergency medical personnel, nurse, hospital or organization representative. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the League to give specific consent to any and all such diagnosis, treatment, or hospital care deemed advisable by the League, in its sole discretion.

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Insurance Information: I understand that I am responsible, either directly or through insurance, for all medical expenses associated with Player's participation in the League.

_____ I have family health insurance. My policy information follows:

Insurance Company: _____ Policy Number _____

_____ I do not have family health insurance coverage.

Non-Prescription Authorization: I hereby give my consent to the League to administer the following non-prescription items to my child.

_____ Acetaminophen _____ Ibuprofen _____ Benadryl _____ Decongestant _____ Sore Throat Lozenges

_____ Antacids

Medical Conditions: Please list any medical conditions that would limit participation in the Socorro Police Athletic League Activities.

If anytime during the school year, any illness or injury should occur that might limit this Player's participation, I agree to notify the coach, and the Socorro Police Department League Administrator to amend this form.

Medications: Please list any medications taken regularly.

Allergies: Please list any known allergies.

I HAVE READ THIS AGREEMENT AND AGREE TO ALL OF ITS TERMS AND CONDITIONS AND FURTHER UNDERSTAND THAT I MAY BE GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____