



## Saint Paul Blackhawks Annual Futsal Tournament



### Player Registration and Waiver

- To be completed for each participating player
- Parent/Guardian contact required only for player who is a minor
- Team representative submits all registration forms at team checkin
- Typeable form – fill form in reader or browser, then print and sign

#### Player and Contact Information

Team Name, Coach

Division  2008-9  2007  2006  2004-5  2002-3  Boys  Girls

Player's Name  Date of Birth

Address  City  St  Zip

Parent/Guardian  Cell Ph  Other

Parent/Guardian  Cell Ph  Other

In an emergency, when parent/guardian cannot be reached, please contact:

Name  Cell Ph  Relationship

Name  Cell Ph  Relationship

#### Player's Medical Information

Allergies

Other Medical Conditions

#### Parent/Guardian Agreement and Medical Consent

I, an adult player or the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Blackhawks of St. Paul Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for the Blackhawks of St. Paul Soccer Club accepting the registrant for their sports programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Blackhawks of St. Paul Soccer Club; its affiliated organizations; the employees, coaches and associated personnel; including the owners of the gymnasiums and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As a participant or the parent or legal guardian of a participant in the Blackhawks Futsal Tournament, I hereby give my 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 my dependent.

Date

Adult Player/Parent/Guardian (print)

Signature

#### Publicity/Image/Voice Permission

The Blackhawks of St. Paul Soccer Club routinely takes photographs, video, and/or sound recordings of our programs. During this program, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your registration will be considered permission for Blackhawks of St. Paul Soccer Club to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of you or your child for use in any publications or promotional materials, in any medium without any restrictions. If you object to us using your child's or your image or voice in this manner, please notify Blackhawks of St. Paul Soccer Club, in writing, at the time of your registration.