

**COMMUNITY YOUTH DEVELOPMENT ATHLETE REGISTRATION
WAIVER / CONSENT FORM
SUMMER SOCCER 2013**

Athlete's Name _____

Parent/Guardian's Name: _____

Age _____ DOB _____

PO Box _____ Home Phone _____ Cell Phone _____

PLEASE LIST ANY MEDICAL INFORMATION THAT THE COACHES OR VOLUNTEERS NEED TO BE AWARE OF: ALLERGIES, ASTHMA, INJURIES OR LIMITATIONS, ETC.

**WAIVER / CONSENT FOR EMERGENCY TREATMENT AND PERMISSION
TO PARTICIPATE IN THE 2013 CYD PROGRAMS**

I recognize the activity for which I am registering my child, involves the risk of injury and in the consideration of my accepting this registration, I waive and release any and all rights to claims I may have against the Community Youth Development programs listed above, including coaches, officers, and volunteers. I give my consent to emergency medical treatment as may be needed for the welfare of my child and agree to pay for such treatment.

I give my permission for my son/daughter to participate in this seasons Community Youth Development programs for which I have registered above named child.

Parent/Guardian Signature _____ Date _____

\$15 Participation fee payable to 'CYD'

Circle Athletes Age Group

Group A: Age 11+

Group B: Age 8-10

Group C: Age 4-7

Practice Times

Tues/Thurs 5:30 – 7

Tues/Thurs 5:30 - 7

Tues/Thurs 5:30 – 6:30

Practices will begin **Tuesday July 16th** and run until mid August, ending with a barbeque.

Any questions feel free to contact Steve Ritzinger
314-0641 or sbritzinger@haines.ak.us