



## Athletics registration form and waiver



Sport Currently Registering	<b>FSCG Academy Soccer</b>	Date:		
Player Name		D/O/B	Gender	M or F
Player Age		School		
Address		Grade		
City, State, Zip		Volunteer Coach		
Are you a City of Greer Resident ?		Yes	No	
For equipment purposes, please list height and weight	Height		Jersey size	
	Weight			
Email				

*City of Greer Resident's taxes financially support our program and facilities. In turn, City of Greer residents receive discounts on registration fees. Information found to be incorrect after varification of address may result in the collection of additional fees.*

My child is subject to the following allergies or medical conditions and I authorize Greer Parks and Recreation to disclose such allergies or medical conditions to a physician in the event my child should require medical care.

Primary Parent/Guardian		Second Parent/Guardian	
Print Name:		Print Name:	
Text/Phone:		Text/Phone:	

Emergency contact (other than parents)

Emergency Contact 1		Emergency Contact 2	
Print Name:		Print Name:	
Text/Phone:		Text/Phone:	

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Greer Parks and Recreation staff use below only

Accounting	
Fees Paid:	
Balance Owed:	
Staff Signature:	



**RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT FOR MINOR PARTICIPANT**

In consideration of my child, \_\_\_\_\_ being allowed to compete in Greer Parks and Recreation athletic programming, I acknowledge, appreciate, and agree that: The risk of injury to my child from the activities involved in these programs are significant, including the potential for permanent disability and death.

**Release and Indemnity**

I for myself, my spouse, child, and my spectators and guests my/our heirs, assigns, personal representatives and next of kin (hereinafter participants), knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and, I myself, and my participants, hereby release, indemnify, hold harmless, and forever discharge Greer Parks and Recreation, City of Greer, employees, volunteers, officials, coaches, successors, assigns, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (releasees), of any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I, my children, or my guests ever had or may have, arising from or in any way related to my child's participation in or transportation to and from any activities conducted by, on the premises of, or for the benefit of, Greer Parks and Recreation, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I further agree that I will be responsible for the releases attorney fees and costs that are related to any such claim brought by me or my participants.

I, parent or guardian of the aforementioned participant, hereby give approval to his/her participation in any and all athletic activities. I assume all risks and hazards incidental to such participation including transportation to and from activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, volunteers, participants, and persons transporting the youth to and from activities, for any claims arising out of an injury to the youth, except to the extent and in the amount covered by the accident and/or liability insurance held by association.

I also grant permission to permit athletic staff and employees of the recreation department or other persons to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the youth become ill or injured while participating in any athletic activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I also grant permission for my child's photograph to be used by Greer Parks and Recreation in future advertisements and publications to promote athletic programming.

**Emergency Medical Decisions**

I agree to remain in reachable proximity to my child during all Greer Parks and Recreation activities. However, in the event I cannot be reachable I authorize Greer Parks and Recreation staff to make emergency medical decisions for my child. I understand that I am responsible for all medical treatment costs.

I have read this release of liability and assumption of risk agreement, fully understand its terms and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) (Date)

\_\_\_\_\_  
(PRINT NAME)

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulations, and accept them as a participant

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) (Date)

\_\_\_\_\_  
(PRINT NAME)