

NORTH PENINSULA RECREATION SERVICE AREA



Indoor Soccer 2022 4yrs. old-5th Grade Boys & Girls

NAME OF PLAYER _____

BOY _____ GIRL _____ GRADE LEVEL _____ DATE OF BIRTH _____

MAILING ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____ CELL PHONE _____

PARENT'S NAMES _____

EMAIL ADDRESS _____

REGISTRATION DEADLINE: February 28th

Service Area Member- \$50/participant

Non-Service Area Member- \$60/participant

(\$10/participant Late Fee after February 28th)

Make Check Payable To: **NPRSA**

Please read this information carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor might sustain as a result of participating in any and all activities connected with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program/activity against the North Peninsula Recreation Service Area, Kenai Peninsula Borough, directors, officers, and employees.

I do hereby release and forever discharge the North Peninsula Recreation service area from any and all claims for injuries, damages or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with this program/activity.

NPRSA has my permission to use photos taken of me or my child during this event to publish in print or electronic format, promotional literature, advertising and other similar ways including on our website and/or social media.

I Have Read and Understand the Conditions

Parent's Printed Name _____

Parent/Guardian Signature _____ Date _____

NPRSA USE ONLY:

Paid: YES NO Cash _____ Check# _____ Staff Initial _____

North Peninsula Recreation
Consent to Treat

This is to certify that on this date, _____ as a parent or guardian of _____, I give my consent to North Peninsula Recreation S.A. and its medical representatives to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in the scheduled activity or event.

If said athlete is covered by any insurance company, please complete the following:

Name of Carrier: _____

Address: _____

Policy Number: _____

****Signed (Parent/Guardian):** _____

Relationship to Participant: _____

Home Address: _____

Emergency Phone: _____

North Peninsula Recreation does not provide insurance for this activity or event. You participate in this activity at your own expense, with or without insurance.

Medical History Form

Participant's Name: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

Who to Contact in Case of an Emergency?

Name: _____ Relationship: _____ Phone Number _____

Physician's Name: _____ Phone Number _____

Hospital of Choice: _____

Please Complete the Following:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for the proper first aid treatment. Have you had (or do you presently have) any of the following?

- Head injury (concussion, skull fracture)
- Fainting spells
- Convulsions/epilepsy
- Neck or back injury
- Asthma
- High Blood Pressure
- Kidney problems
- Hernia
- Diabetes
- Heart murmur
- Allergies

Specify: _____

Injuries to:

- Shoulder
- Knee
- Ankle
- Fingers
- Arm
- Other
- Impaired Vision
- Impaired Hearing

Other: _____

Are you currently taking any medications? _____ What? _____ Why? _____

Has the doctor placed any restrictions on your activity? _____

Signature (Parent/Guardian) _____ **Date** _____

**WRITTEN WARNING
INDOOR SOCCER**

Are you aware of the inherent risks of Indoor Soccer? If you have not considered the risks, please read carefully through the following paragraphs.

Indoor Soccer can be compared aerobically to games of tag and some types of aerobic exercise...stopping and starting with short bursts of speed and energy expended. Running and jumping are integral parts of indoor soccer. If you have, or know of any physical condition that could prohibit your child from such an activity, please obtain a physicians consent to participate.

The sport of indoor soccer is considered to be a collision/contact sport. In any sport where jumping is a part of the activity serious head, neck and spinal injuries can occur.

Dangers and risks of playing indoor soccer include, but are not limited to, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, other aspects of the muscular skeletal system, serious injury or impairment to other aspects of the body, general health and well being, and even death.

Participants should be aware of where they are in comparison to others on the court. The sound of a whistle is the stop signal.

Players should wear lace up tennis shoes, loose fitting clothing and thick socks. Shin guards are required to be worn at all practices and games.

Our participants' health and safety is the number one priority. However, we cannot assure you that an accident will not occur.

I HAVE READ AND I UNDERSTAND THE WARNING:

Parent's Signature

Date