

ST. LOUIS PARK SOCCER ASSOCIATION AND JOY OF THE PEOPLE  
2012 Futsal Tournament Player Registration and Medical Release/Waiver

Player Name \_\_\_\_\_

Player Date of Birth \_\_\_\_\_

Parent /Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Phone \_\_\_\_\_

Parent/Legal Guardian Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_

Waiver/medical release \* PARENT/LEGAL GUARDIAN AGREEMENT:

I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of Joy of the People and St. Louis Park Soccer Association (JOTP/SLPSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the accepting the player for its programs and activities, I hereby release, discharge and/or otherwise indemnify JOTP/SLPSA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize. **CONSENT FOR MEDICAL TREATMENT** As the parent/legal guardian of a participant in JOTP/SLPSA programs, 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. Furthermore, I, the parent/legal guardian of participant consent to JOTP/SLPSA's use of any pictures or videos taken during the tournament for advertising and promotional purposes.

I, parent/legal guardian of participant, have read, understand, and accept the waiver

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name Printed)