

2018-2019 REGISTRATION FORM

PLAYER INFORMATION		
Player Name:First		
First Birthdate:		
School:	Grade:	Home Phone:
Address:	City:	Zip:
Guardian:	Work #:	Cell #:
Guardian:	Work #:	Cell #:
Preferred Email Address :		
Alternative Email Address:		
	AGE/GENDER	(Please circle)
2009 2008	2007 2006 2005	5 2004 2003 2002 2001
BOYS GIRLS		
Medical Release I, the Parent, Guardian of the player named herein, acknowledge participation in the sport of soccer, as in many sports, may result in injury. The undersigned parent/guardian therefore releases the NWIFC (North West Iowa Football Club), its member leagues, teams, agents, officers, coaches and players from all liability or responsibility for any claim, damage or legal action on behalf of the player or the player's parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation.		
Name:		
Parent/Legal Guardian (Please Print)		
Signature		Date/
Consent for Medical Treatment (Minor) 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.		
Signature	Date	/