

BSA/YMCA FALL TRAVEL SOCCER REGISTRATION

Registration is June 1st 2020 –August 1st 2020. Registrations received after the deadline will be placed on a waiting list, and \$25 late fee charged.

Special requests may not be honored.

PLAYER INFORMATION CHILD'S NAME: _____ LAST: _____ FIRST: _____ MIDDLE INITIAL: _____

DATE OF BIRTH: ____/____/____ **M**____ **F**____ **YEARS PLAYED:** _____

PARENTS' NAME: _____ D.O.B. ____/____/____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL: _____

Phone Numbers: (Please Circle Daytime Number to Call In Case of Cancellation.) May we text this: Y / N

(Dad) Home: _____ Work _____ Cell _____

(Mom) Home: _____ Work _____ Cell _____

Fees Due with Registration:

(Financial Aid Available Upon Request - Contact YMCA at 540.586.3483)

\$250 plus uniform fees TBD

COMPLETED REGISTRATION INCLUDES:

____ REGISTRATION FORM _____ SIGNED RELEASE FORM _____ Covid-19 SPORTS WAIVER _____ PAYMENT
_____ HEADSHOT _____ BIRTH CERTIFICATE

VOLUNTEERS AND SPONSORS:

PLEASE GIVE US YOUR NAME AND PHONE NUMBER WHEN YOU ARE VOLUNTEERING TO ASSIST IN THE AREAS LISTED BELOW.

PLEASE CIRCLE THE AREA(S) IN WHICH YOU WILL BE ABLE TO ASSIST THE YMCA:

Coaching Assistant Coaching Splitting-up Teams Field Maintenance Fund-raising Annual Meeting Team Parent
Sponsorship Registration Uniforms Assistance End of Season Celebration

Sponsorships are a very important part of our program. They help cover costs and keep registration fees down. If you have a suggestion of an individual or an organization that might be interested in becoming a sponsor, please contact: The YMCA 586 - 3483.

YMCA RELEASE FORM

(Child's name) _____'s release made this _____ day of _____ 2020 by _____ the parent of _____. In consideration of the permission granted to my child(ren) by the YMCA to participate in soccer for the 2020 Fall season, I hereby release the YMCA from all action, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assignees may have against the YMCA and all personal injuries, known or unknown, to _____ (name of child) has or may incur by participation in the soccer program and knowingly assume the risk that such child may be injured in such activity.

I hereby attest that my child is physically fit and has no ailment that should prevent them from participating in soccer. I further authorize YMCA officials to take proper steps to provide medical attention should my child be injured while playing or being transported to or from any YMCA sponsored activity. I hold said officials harmless therefore. I have read this release and understand all its terms.

I execute it voluntarily and with full knowledge of its significance.

Please list any health care needs the coach and the YMCA should be aware of: _____

Family Doctor: _____ Phone number: _____ Health Insurance Carrier: _____

CONDUCT RELEASE

By signing below I accept full responsibility for my conduct and the conduct of other friends and/or family members attending the YMCA with me. In consideration of my child playing with the YMCA, I also understand that I am responsible for any fines levied against the YMCA by any organization/league as a direct result of friends, family members, or myself acting in a non-sportsmanship manner (i.e. verbal or physical abuse of players, coaches, referees, or other parents attending).

Signed: _____ **Date :** _____

COVID-19 SPORTS WAVIER

COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT In consideration of being allowed to participate on behalf of the ___Bedford YMCA Fall Soccer Program___, event or program (the 'Program') including, but not limited to, events and activities, observation or use of facilities or equipment, participation in or acting as a spectator during any program (collectively 'Participation'), the undersigned acknowledges, appreciates, and agrees that, on behalf of him or herself and any of his or her minor children:

1. I am aware there are risks of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof, as a result of my Participation in the Program.

2. I am aware that my Participation or that of my minor children includes a risk of possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19; and that while particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my Participation and the Participation of any of my minor children; and,

4. I willingly agree, on behalf of myself and any of my minor children, to comply with the stated, reasonable, and/or customary terms and conditions related to my Participation—and that of my minor children—as regards protection against infectious diseases; and if I observe any unusual or significant hazard during my presence or participation, I will remove myself and my minor children, as appropriate, from Participation and bring such hazard to the attention of the nearest official immediately; and,

5. I, for myself and on behalf of my heirs, assigns, personal representatives, children and next of kin ('Releasers'), HEREBY RELEASE AND HOLD HARMLESS _Bedford YMCA Fall Soccer Program_, its officers, officials, agents, consultants, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ('Releasees'), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name _____ Age _____ Participant's Signature _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):

This is to certify that I, as parent/guardian with legal responsibility for the below-named minor child participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself and for the other Releasers I do hereby release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or Participation in the Program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name _____ Minor Child Participant's Name _____

Parent/Guardian Signature _____ Date _____