



Inspiring social change through sustainable health

Seeds in the Middle | PO Box 310752 | Brooklyn, NY 11231
seedsinthemiddle@gmail.com | T: 917-756-4202 | www.seedsinthemiddle.org

CROWN HEIGHTS YOUTH SOCCER PLAYER REGISTRATION FORM

Session: (please circle) Summer Fall Day(s)Time(s) _____

PLAYER

First name _____ Last Name _____

Mailing Address _____

Emergency Contact (other than parent) _____

School _____ Grade _____ Date of Birth _____ Boy ___ Girl ___

Emergency Telephone _____

Family e-mail address _____

Physician Name: _____ Tel: _____

Street Address _____ City _____

Medical Insurance Carrier _____ Policy # _____

Yrs of Experience _____ Height _____ Weight _____

Shirt Size: PLEASE CIRCLE: YS YM YL YXL AS AM AXL AXXL

Current injuries or minor physical limitations or other medical condition the coach should know about: _____

PARENT OR GUARDIAN:

First Name _____ Last Name _____

Address (if different from Player) _____

Employer _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____

Email address (PRINT) _____

Seeds in the Middle is a volunteer organization. I apply to:

Referee_Coach_Assistant Coach:_Team Parent_ Attendance_ Other: _____

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/or other officials of Seeds in the Middle and Crown Heights Soccer Eagles to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment. **I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.**

Parent/Guardian Signature: _____ Date: _____

Please continue to second page



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I warrant and acknowledge that I am the parent or legal guardian of (*player named on first page*)
_____ (a minor (“Player”), and on behalf of myself,

Player and our heirs, assigns and next of kin, I hereby enter into the following agreements **IN CONSIDERATION OF** Player’s being able to participate in any way at practices, games or other activities (“EVENTS”) sanctioned by Seeds in the Middle and Crown Heights Soccer Eagles program.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. **I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS.** I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the Regional Commissioner and Seeds in the Middle officials as soon as possible thereafter.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Seeds in the Middle, Crown Heights Soccer Eagles, its players, employees, volunteers, coaches, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by Seeds in the Middle, the NYC Department of Education, city of New York and the agents, employees, officers and directors of said persons or entities (“RELEASEES”) from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that Seeds in the Middle is primarily administered by volunteers rather than paid professionals. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: For both internal and external use, I acknowledge Seeds in the Middle may compile and use addresses, contact information, soccer photos and videos of Player consistent with the Seeds in the Middle and Department of Education Privacy Policy, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

(Please signify your agreement with the foregoing by signing below and also on the other page of this form)

PARENT NAME (PLEASE PRINT) _____

SIGNATURE _____ **Date** _____

Session: Summer Fall **Day(s) Time(s)** _____