

Latino Peace Officers Youth Soccer Program

Player Information			
Player's Full Name			
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email	
Date of Birth	Age	School & Grade	
Years playing Soccer	Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Height	Weight

Parent/Guardian Information			
Parent/Guardian #1 Full Name			
Street Address	City	State	Zip Code
Home Phone	Cell/Work Phone	Email	
Parent/Guardian #2 Full Name			
Street Address	City	State	Zip Code
Home Phone	Cell/Work Phone	Email	

Emergency Information		
Emergency Contact (other than parent)		
Home Phone	Cell/Work Phone	Relationship to Player
Physician Name		Phone
Medical Insurance Carrier		Policy #

Emergency Authorization, Disclaimer, Assumption of risk Waiver and Consent Agreements:	
<p>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 Latino Peace Officers Association and/or Westminster Presbyterian Church of Omaha NE 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.</p> <p>I, the parent or guardian of the minor registrant, agree that the registrant and I will abide by all the rules of the Latino Peace Officers Association and Westminster Presbyterian Church of Omaha NE. Recognizing the possibility of physical injury associated with soccer and in consideration for the "League" accepting the registrant for its soccer programs, I hereby release, discharge and/or otherwise indemnify the Latino Peace Officers Association and/or Westminster Presbyterian Church of Omaha NE, their employees and associated personnel and volunteers against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from soccer practice and/or games, which transportation I hereby authorize.</p> <p>I also authorize use of soccer photographs of my child, for marketing purposes, by Westminster Presbyterian Church and/or the Latino Peace Officers Association.</p>	
Parent/Guardian Signature	Date