

# HAWAII SOCCER FEDERATION 2010 FALL REGISTRATION FORM

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ DOB \_\_\_\_\_  
RES ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

FATHER \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
RES ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CITY / ST / ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_  
MOTHER \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
RES ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CITY / ST / ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

## MEDICAL INFORMATION

MEDICAL INSURANCE (PLEASE CIRCLE OR HIGHLIGHT IN RED) YES NO INSURANCE \_\_\_\_\_  
Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history or respiratory illness or any other significant medical condition? If so, please state: \_\_\_\_\_

## EMERGENCY INFORMATION

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors / vehicle drivers, as my agents to consent to medical, surgical, or dental examination and / or treatment. In case of emergency, and I cannot be reached, please contact:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PH# \_\_\_\_\_

## EMERGENCY AUTHORIZATION, WAIVER, DISCLAIMER, AND CONSENT

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of the team members acting in the capacity of activity supervisors / vehicle drivers, as my agents, consent to medical, surgical, or dental examination and / or treatment. In case of emergency, I hereby authorize treatment, transportation and / or care at any hospital. If there is an emergency and I cannot be reached, please contact the person above who is authorized to act on my behalf.

To induce the Hawaii Soccer Federation (HSF) to accept and permit participation in HSF sponsored activities by the named individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify, and hold harmless HSF, its officials, coaches, and representatives, the County of Maui, and the State of Hawaii from any claim arising out of injury to the named individual. I also hold harmless HSF, its officials, coaches, and representatives from any claim arising out of injuries, or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs or otherwise. I also acknowledge that HSF may compile address lists and mailing labels for internal or external use, and may utilize soccer photographs of named individual. I consent to such uses and hereby waive all rights to compensation. I verify that the information I have supplied is true and correct.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE