



COMPETITIVE REGISTRATION FORM

PLAYER INFORMATION

Player Name: _____

Birthdate: _____ M _____ Last
Mother's Birth MM/DD: _____

School: _____ Grade: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Guardian: _____ Work #: _____ Cell #: _____

Guardian: _____ Work #: _____ Cell #: _____

Preferred Email Address : _____

Alternative Email Address: _____

SELECT GENDER, ENTER BIRTH YEAR,

_____ Birth Year

- 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 ____/____/____