

SALVATION ARMY IRONBOUND BOYS AND GIRLS CLUB AND SENIOR CENTER

Full Season(\$225) <input type="checkbox"/>	Fall/Indoor (\$175) <input type="checkbox"/>
Fall Only (\$100) <input type="checkbox"/>	Indoor/Spring (\$175) <input type="checkbox"/>
Indoor Only (\$100) <input type="checkbox"/>	Spring Only (\$100) <input type="checkbox"/>



RECREATION 2010-2011

New Member Renewal

First Name		Middle		Last Name	
Address				Birth Date	
City		State		Zip	
Phone #			Email		

Male/Female		Social Security #			
School				Grade	

Mother Name					
Employer					
Occupation					
Email					
Phone # (home)			Phone # (Work)		
Fax #			Cell #		

Father Name					
Employer					
Occupation					
Email					
Phone # (home)			Phone # (Work)		
Fax #			Cell #		

Emergency Contacts:

Name	Phone
Name	Phone

Medical Information:

Doctor's Name	Doctor's Phone
Child's Insurance Carrier	Policy #

List any allergies or medical conditions

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Recognizing the possibility of injury associated with soccer and in consideration for the Ironbound Boys and Girls Club and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge, and/or otherwise indemnify the Ironbound Boys and Girls Club, its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owners of the fields and facilities to and from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found capable of participating in the programs. The Ironbound Boys and Girls Club is not responsible or liable in any way in the event of harm or injury occurring to the participant. It is agreed that the parent or guardian does file a complaint against the club, the parent or guardian agrees to pay the Club's legal fees.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine and dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian _____ Date _____