



FUTSAL SCHOOL APPLICATION

U-6/7	U-10/11	U-8/9	U-12/13
<input type="checkbox"/> Boys	<input type="checkbox"/> Boys	<input type="checkbox"/> Boys	<input type="checkbox"/> Boys
<input type="checkbox"/> Girls	<input type="checkbox"/> Girls	<input type="checkbox"/> Girls	<input type="checkbox"/> Girls

Clinic: _____ ISOL Team: _____

Player's Legal Name: _____
(As appears on Birth Certificate) FIRST MIDDLE LAST

Nick Name: _____ Date of Birth: _____

Home Phone Number: _____ Emergency Number: _____

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY INFORMATION AND MEDICAL INFORMATION

Mother's Name: _____ Employer: _____

Work Address: _____ Cell Phone: _____
e-mail: _____

Father's Name: _____ Employer: _____

Work Address: _____ Cell Phone: _____
e-mail: _____

Emergency Contact: _____

Physician Name/Address: _____

Physician Phone: _____ City: _____

Medical Insurance: _____ Policy/Group #: _____

Allergies (list all): _____

Medical Conditions: _____

Any past serious injuries or sickness & Date: _____

Current Medication(s): _____

Recognizing the possibility of physical injury, I grant my child's coach or iSOL staff member permission to act as my agent in the area of obtaining medical treatment by a doctor of medicine / Medical facility. I also assume the financial responsibility for any and all medical treatment for my child. The above information pertaining to my child is true and correct to the best of my knowledge. Therefore, I hereby release, discharge, and/or otherwise indemnify Indoor Sports Of the Lowcountry employees, owners, Facility Landlord and sponsors against any claim by or on behalf of the player as a result of the player's participation in any iSOL's programs. My child has received a physical examination by a physician and has been found physically capable of participating in all iSOL's programs.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT AND INDUCEMENT.

X _____
Participant Signature Printed Name Date Signed

ATHLETIC WAIVER + RELEASE OF LIABILITY FOR PARTICIPANTS



(Read before signing)

House Team: _____ Age Group: _____ Event: _____

Participants Name: _____

In consideration of being allowed to participate in any way in the Indoor Sports Of the Lowcountry (iSOL) athletic sports programs and use of the facility for any related events and activities, including but not limited to unscheduled and scheduled games, practices, tournaments, clinics, speed soccer training, parties, camps, scrimmages, and any other contest or event, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and/or my child's participation; and,

3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I and/or my child will remove myself, and/or himself/herself from participation and bring such attention of the nearest Indoor Sports Of the Lowcountry (iSOL) official immediately; and

4. I on behalf of myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, owners and lessors of premises used to conduct the event (also known as "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to myself and/or my child's involvement or participation in these programs which includes transporting myself and/or my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and

5. I, on behalf of myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above releasees from any and all liabilities incident to my and/or my child's involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and

6. I acknowledge that Indoor Sports Of the Lowcountry (iSOL) may compile and use names and photographs of players, for both internal and external use; and I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT AND INDUCEMENT.

X _____ / _____ / _____
Participant Signature Printed Name Date Signed

Emergency Phone Number(s): (_____) / (_____)