

AMIGOS EN AZUL 2021 SOCCER SERIES



JULY 17, 24 & 31, 2021 10A-2P

Child's Information—Please use a separate form for each child.

Child's Name (First Middle Last)

Gender

Birth Date

Parent/Guardian

Address

City/State/Zip

Home Phone

Cell Phone

Email Address

Photographs / Information Release Authorization

I grant permission to the City of Madison and Amigos en Azul to allow any media coverage (photographs, video, etc.) of my child _____ while s/he participates in the Southside Soccer Series. I understand that this media and any identification information may be published in a local newspaper or used by the City of Madison and Amigos en Azul for publicity purposes and I authorize that use.

Date

Parent / Guardian Signature

For Staff Use ONLY

- July 17th - Marlborough Park, Madison
 - July 24th - Renstone Park, Sun Prairie
 - July 31st - Marlborough Park, Madison
- _____



Emergency Contact / Health Information

Does your child require any accommodations to participate in this activity?

Yes / No (circle one)

Does your child have any health restrictions that may restrict their activities at the Southside Soccer Series, or require quick medical attention?

Yes / No (circle one)

If you indicated "Yes" to either question above, please describe any special care instructions (ex. food allergies) or other information that may be needed by staff.

Emergency Contact Person (other than parent)	Relationship	Phone Number
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Emergency Contact Person (other than parent)	Relationship	Phone Number
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I certify that my child is up to date on all immunizations. _____ (please initial)

In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an emergency, all attempts to contact the emergency contact or myself will be made. _____ (please initial)

- Police officers and volunteers are not authorized to administer any medications.
- If your child has special needs outside the scope and training of our staff and volunteers, please provide treatment instructions.
- Emergency contacts must be at least 18 years old and available during program hours.

Parent / Guardian Signature

Date

Release of Liability / Indemnity

I, parent/guardian of _____, do hereby release the City of Madison and/or Amigos en Azul, their officers, volunteers, agents, and employees, from any and all claims for injuries or loss that I may have or which may accrue to me arising out of or in any connected to my child's participation in the Southside Soccer Series in which I have enrolled my minor child. I further agree to indemnify and defend the City of Madison and/or Amigos en Azul against any such claims.

I HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY/INDEMNITY.

Parent / Guardian Signature

Date