

# AMIGOS EN AZUL 2023 SOCCER SERIES



JUNE 10, JULY 8, AUGUST 19 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 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

- June 10 - Veteran's Park, Verona
- July 8 - Sheehan Park, Sun Prairie
- August 19 - Leopold Elementary, 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

---

Emergency Contact Person (other than parent)	Relationship	Phone Number
--	--------------	--------------

---

Emergency Contact Person (other than parent)	Relationship	Phone Number
--	--------------	--------------

**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 Amigos 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