VOLUNTEER REGISTRATION FORM

Date: _____ Season: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Of Birth: ____/____/____ Home Phone: ( ) _____ Cell Phone: ( ) _____

E-Mail: _____

Emergency Contact: _____ Phone: ( ) _____

Relationship to Volunteer: _____ Cell Phone: ( ) _____

Medical Restrictions: _____

Date of last Tetanus Booster ____/____/____ Known allergies of volunteer including any allergies to medicine: _____

Family Physician: _____ Phone: ( ) _____

Name of Parent/Guardian: _____

Address: _____

City/State/Zip Code: _____

Home Phone: ( ) _____ Cell Phone: ( ) _____ Work: ( ) _____

Person to notify if parent/guardian is unavailable: _____

Home Phone: ( ) _____ Cell Phone: ( ) _____ Work: ( ) _____

Insurance Carrier: _____ Policy Number: _____

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. I understand that my child is making a commitment to assist a coach and will contact the coach if he/she must miss a Special Needs Soccer / Port Washington Soccer session. I also understand that my child will be working with children with disabilities in an effort to enhance the motor skills and development of these children through the Special Needs Soccer program. I give my permission for officials of Special Needs Soccer, Inc. to use any portrait, picture, photograph, and/or video of my child while participating in Special Needs Soccer, Inc.'s Port Washington Soccer programs and events. These images/videos may be used for the purpose of reporting on, publicity and promoting Special Needs Soccer, Inc. activities. These photos/images will not be sold or distributed for any other purposes.

Parent/Guardian Signature: _____ Date: _____

Thank you for your commitment to help Special Needs Soccer, Inc. serve the needs of our community's challenged children.