

Palatine Celtic Soccer Club Registration/Emergency Release Form

All NEW participants must bring a copy of their birth certificate when registering.

CHECK ONE: House only option Travel only option House & Travel

PLEASE PRINT ALL INFORMATION

| | | |
|-------------------------|------------|------------------|
| Participant's Last Name | First Name | Home Phone |
| Sex | Birthdate | Age as of 9/1/10 |
| | | Grade in Fall |

| | |
|-------------------------------|----------------|
| Last Name (head of household) | First Name |
| Address | City State Zip |

Returning player New player Please check if new address or phone number

Closest District 15 School (U-8 Division only) _____

Parent volunteer? Yes No

| |
|------------------------------|
| Family Contact Email Address |
|------------------------------|

TRAVEL PROGRAM

The Palatine Celtic Soccer Club offers a Travel Program, which is an adjunct to its recreational House League Program. The Travel Program provides an opportunity to House League players who have exceptional ability and interest to participate in soccer at a more competitive level than is available in the House League Program.

A player shall be eligible to be rostered on a travel team **ONLY IF PROPERLY REGISTERED.**

Travel tryouts will be held in June 2010. Everyone attending tryouts MUST be pre-registered in either the Travel or House League. Certain rules apply for participation in the Travel program and are available on the Celtic Soccer website - www.palatinecelticsc.com.

| | | |
|--|---|-----------------------------|
| This section must be Completed if you use VISA, MASTERCARD or DISCOVER. | (Circle one) VISA MASTERCARD DISCOVER | Cardholder (print) _____ |
| | Expiration date: _____ | Card Number: _____ |
| | Amount of Charge: _____ | Security Code: _____ |
| | | Authorized Signature: _____ |

PLEASE NOTE: The Palatine Celtic Soccer Club is organized and governed by a volunteer Board of Directors. This Board of Directors raises funds to supplement registration fees to offset expenses associated with the Palatine Celtic Soccer Club. Occasionally, expenses are incurred which are not approved by Park District staff or by the Board of Park Commissioners. Occasionally, Palatine Celtic Soccer organizational positions are taken relative to Park District issues and/or Park District candidates, which may not represent the views of Park District and/or individual commissioners.

This section MUST BE completed for ALL Soccer participants.

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on the reverse side of this form or on a separate piece of paper to be attached to this form.

Signed _____ Relationship to participant _____
 Emergency Name _____ Emergency Phone _____

Please indicate if there is any medical information (asthma, diabetes, etc.) or food allergies that the staff should be aware of _____

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| PNO |
| FOR OFFICE USE ONLY CA CK CG R NR HS SCH |
| Checked by _____ Date _____ |
| Processed by _____ Date _____ |
| Batch # _____ |
| Fee \$ _____ |

| |
|---------------------------------|
| Parent Contact Data |
| Name _____ |
| Work Phone _____ |
| Cell Phone _____ |
| Add. Parent Contact Data |
| Name _____ |
| Work Phone _____ |
| Cell Phone _____ |

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|---|
| House & Travel |
| Resident \$120 |
| H.S. District \$145 |
| Non-Resident \$180 |
| (Does not include travel fees) \$30 late fee after July 10 |
| High School (Boys & Girls) |
| Resident \$60 |
| H.S. District \$75 |
| Non-Resident \$90 |