



# Bemidji Blowout 6 v 6 Tournament Registration & Waiver



_____		_____	
Player's Last Name		First Name	
_____		_____	_____
Address		City	State
_____		_____	
Telephone		email address	team name/gender/age group

_____	_____	_____	_____
Parent/Guardians Name (If player is under 18)	Street Address	Home Phone	Alt. Phone

**List any medical problems, limitations, or prohibitions:**

**Consent for Medical Treatment**

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself/my dependent.

**WAIVER TO BEMIDJI YOUTH SOCCER:** In consideration of your acceptance of myself/my child as a participant in the Bemidji Youth Soccer Community Jamboree, I hereby waive all claims against Bemidji Youth Soccer, their Board of Directors, members, organizers, sponsors, coaches and persons transporting my child to and from activities, from and against any claim arising out of injury or harm to myself/my child incidental to, connected with or arising out of Bemidji Youth Soccer activities. All sports have intrinsic hazards. Participation in the Bemidji Youth Soccer implies acceptance of some risk of injury.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: (please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_