

**PALATINE CELTIC SOCCER CLUB
REGISTRATION/EMERGENCY RELEASE FORM**

CHECK ONE:

- House only option
 Travel only option
 House & Travel

PLEASE PRINT ALL INFORMATION

Participant's last name _____ First name _____ Home Phone _____

Sex _____ Birth date _____ Age as of 9/1/06 _____ Grade in Fall _____
 Returning Player New Player

Last name (head of household) _____ First name _____ E-mail address _____

_ Address _____ Unit/Apt. # _____ Please check if new address or phone number

City/State/Zip _____ Closest Dist. 15 School (U-8 Division only) _____

Father's Name _____ Father's Work Phone _____ Father's Cell Phone _____

Mother's Name _____ Mother's Work Phone _____ Mother's Cell Phone _____

Parent volunteer? Yes _____ No _____ VOLUNTEER POSITION _____

PNO _____

Transaction # _____

FOR OFFICE USE ONLY

CA CK CG
R NR FHS PHS SCH

Checked by _____ Date _____

Processed by _____ Date _____

Batch # _____

Fee \$ _____ 05/06

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 the 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 emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in the 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. This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/legal guardian signature _____ Relationship _____

Emergency name) _____ Emergency phone _____
 (other than listed above) (other than listed above)

List any specific medical conditions, allergies (medicine, food, etc.) or other conditions that the staff should be aware of _____

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 2006. 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.palatinecelticsoccer.org

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 the Park District and/or individual commissioners.

This section must be completed if you use a Visa, MasterCard or Discover

VISA MASTERCARD DISCOVER

Cardholder's name _____ Account number _____
 (please print)

Expiration date _____ Amount _____ Authorized signature _____