

Greensboro Sportsplex

A facility of the Greensboro Parks & Recreation Department

Indoor Soccer

Today's Date: _____

Print Participant's Name: _____ Organization: _____

Age: _____ Birthdate: _____ Gender: _____ School (If Applicable): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone Number: _____ Work Number: _____

Cell Phone Number: _____ Other Number: _____

Email Address: _____

Emergency Contact _____ Relationship: _____ Number: _____

If under 18:

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

Father's Email: _____

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

Mother's Email: _____

Amount Paid:	Pay Date:	Expiration Date:	Employee Initials:

Medical History:

YES	NO	
_____	_____	1. Is there a history of heart disease in your family before age 55?
_____	_____	2. Do you frequently have pains in your chest or heart?
_____	_____	3. Do you have high blood pressure?
_____	_____	4. Do you have high cholesterol (240 ml/dl)?
_____	_____	5. Do you smoke?
_____	_____	6. Do you have asthma?
_____	_____	7. Are you a diabetic?
_____	_____	8. Do you often feel faint or have dizzy spells?
_____	_____	9. Do you have a bone disease such as arthritis or osteoporosis that can be aggravated with exercise?
_____	_____	10. Past injuries: _____
_____	_____	11. Past surgeries: _____
_____	_____	12. Allergies: _____
_____	_____	13. List all medications: _____

Liability Waiver

It is understood that the use of the facilities and/or the participation in sports activities at the SoccerOP/Greensboro Sportsplex may involve the risk of serious injury or death. I expressly agree that all such activities and/or the use of the facilities shall be undertaken at my own risk. I represent that I am/or my minor child is physically able to undertake all physical activities and sporting venue provided by the SoccerOP/Greensboro Sportsplex. I hereby, forever, **RELEASE**, waive and discharge SoccerOP/Greensboro Sportsplex, its affiliates, officers, directors, servants, agents, employees, coaches, and volunteers on behalf of myself, my heirs, executors, administrators, and personal representatives from any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services or facilities provided by the SoccerOP/Greensboro Sportsplex. The SoccerOP/Greensboro Sportsplex shall not be liable for any such claims. Participant's parent, participant's legal guardian or I hereby consent and affirm the foregoing **LIABILITY WAIVER** on behalf of participant, participant's family and all other parties as stated. By affirming and consenting to the Liability Waiver of Risk Agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor. I authorize the SoccerOP/Greensboro Sportsplex employees to take the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital facility and staff to treat me or my child for any illness or injury he/she has. I furthermore acknowledge that the SoccerOP/Greensboro Sportsplex will at times be taking photographs to be used in advertising and marketing materials and hereby release all such photos to be used for self promotion of the SoccerOP/Greensboro Sportsplex at the will of the SoccerOP/Greensboro Sportsplex.

Physician's Name: _____ City: _____

Other Sports of Interest:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Football | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Inline Hockey | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Basketball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Dodge Ball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other _____ |

Print Name

Sign Name