

# 2010 Tuesday Night Pick-Up Soccer

## Monroe County Parks & Recreation Registration Form

Participant's Full Name	Soccer Experience Level	Beginner <small>For Our Records Only</small>	Experienced <small>For Our Records Only</small>	Advanced <small>For Our Records Only</small>

Day Pass \$7	5 Day Pass \$30	10 Day Pass \$60	Unlimited Pass \$100	Fee
				\$
<u>Please Include your Voluntary donation to the Monroe County Parks &amp; Recreation Foundation</u> The Foundation supports park improvements and youth scholarships. Every donation of any value is greatly appreciated!				Donation
				+
				= \$

Payment Method: Check       Cash       MasterCard/Visa  # \_\_\_\_\_

Expiration Date: \_\_\_\_\_      Signature: \_\_\_\_\_

Address (Including city/zip) \_\_\_\_\_

Home phone: \_\_\_\_\_      E-mail address: \_\_\_\_\_

Work Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

In event of emergency, contact: _____	Relationship: _____
Phone: _____	Cell Phone: _____      Work Phone: _____
Physician's name: _____	Physician's phone: _____
Please list any health concerns or medications the participant may be taking: _____	
_____	

### CONSENT FOR SERVICES AND GENERAL RELEASE

(must be signed and dated to participate)

**I understand that myself or my child(ren) is/are not covered under any medical insurance through the County of Monroe, or through the Monroe County Parks and Recreation Department.**

**I recognize that because of the nature of this activity that an injury might be sustained. In the event of an injury or illness to myself or to my child(ren), I give my permission to call for an ambulance or emergency personnel, and agree to pay the usual and customary charges for such services. In the event of an injury or illness to myself or my child(ren), if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as is medically necessary, and agree to pay the usual and customary charges for such treatment. I now release the County of Monroe, the Monroe County Parks & Recreation Department, it's employees, volunteers, agents, sponsors, officers, independent contractors, vendors and assigns for any personal injuries or damages to any personal property caused by having any relation to this activity. I understand that this release applies to both present and future injuries or damages, and that it binds my heirs, executors and administrators.**

**I understand that participants may be videotaped and/or photographed during this activity and assign and transfer all rights, title and interest in any film footage/prints to Monroe County Parks & Recreation for advertising purposes.**

**I have read this Consent for Services and General Release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date