



2015 Wicomico Futsal League Additional Futsal Training



PARTICIPANT INFORMATION

FULL NAME _____

GENDER _____ BIRTH DATE _____ AGE _____

PARENT/GUARDIAN NAME _____

PHONE # _____ E-MAIL _____

ADDRESS _____

EMERGENCY CONTACT _____ PHONE # _____

PAYMENT INFORMATION

Payment Amount: \$ _____ ☐ Additional Training (\$30)

Payment Type: ☐ Cash ☐ Check ☐ Credit Card (MC or Visa) ☐ Confirmation Letter from Sponsor

Credit Card #: _____ Exp: _____ Verification Code (3 digit) _____

Signature _____

MEDICAL INFORMATION and WAIVERS

MEDICAL INFORMATION Please list clearly any medical conditions or medications taken that would affect participant's involvement in this program:

May the Program Director call to discuss this accommodation? Yes ___ No ___ May the coach be informed of the above listed conditions? Yes ___ No ___

CONCUSSION WAIVER In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC). For additional information I understand that I may call 1-800-232-4636 or go to www.cdc.gov/concussioninyouthsports.

GENERAL WAIVER In consideration of the execution of a similar contract by all persons participating in this program/league, I hereby agree to abide by all rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program including exposure to the potential risk of concussion. No insurance covering accident or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will my participation in a program be contingent on divulging any confidential medical information.

Participant's Name _____

Parent Signature _____

Date _____

(Code of conduct on reverse)