



**Release/Waiver/Indemnity Agreement**

I, the undersigned, understand that participation in the Beta Soccer program involves certain inherent risks of injury, despite all safety precautions taken by the Beta soccer and operators. Therefore, as parent and/or guardian, I will assume all risks, injury or illness, for my child(ren) that may occur during the participation in any activities or use of facilities associated with the Beta soccer program. In the event that my child(ren) need medical treatment due to accident or injury or natural causes while registered and participating in the Beta soccer program, I authorize the Beta soccer staff and operators to take whatever action is necessary to care for my child(ren). I hereby give permission for the Beta soccer staff and operators to use their best judgment in arranging for my child(ren)'s emergency medical treatment in addition to contacting me to the best of their ability. I certify that my child(ren) is/are fully covered by medical insurance and that I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by the Beta soccer program staff and operators.

By signing this form, I acknowledge that I am aware of the potential risks of participation in any activities or use of facilities associated with the Beta soccer program, and in no way hold the Beta soccer program, its respective parent, its subsidiaries or affiliates, or their respective management, agents, employees, directors, officers, agents, volunteers or the facility or its operators, coaches, officials, or advertisers, (Individually and Collectively, the "Released Parties"), liable for any injury that my child(ren) may sustain. **I, FOR MYSELF, MY SPOUSE AND MY CHILD(REN), DO FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND HOLD THE RELEASED PARTIES HARMLESS AGAINST ANY CLAIMS OF INJURY OR DEATH TO MY CHILD(REN) IN CONNECTION WITH ANY AND ALL OF THE ACTIVITIES MENTIONED.**

**I HAVE READ, AND I UNDERSTAND, AND I VOLUNTARILY SIGN THIS MEDICAL RELEASE/WAIVER/INDEMNITY AGREEMENT.**

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Parent/Guardian Name (Print) Child's Name (Print)

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Parent/Guardian Signature Date

**Model Release and Authorization to Video/Photograph**

As the child(ren)'s parent/guardian, I hereby grant a license to the Beta soccer program, and their agents, including any advertising agencies, to use and to license others to use the child(ren)'s name, recorded voice, image, picture or likeness in any live or recorded audio, video or photographic display or other transmission for purposes of promotion and publicity in connection with the Beta soccer program and any future Beta soccer events or programs.

**I HAVE READ, AND I UNDERSTAND, AND I VOLUNTARILY SIGN THIS MODEL RELEASE AND AUTHORIZATION TO VIDEO/PHOTOGRAPH.**

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Parent/Guardian Name (Print) Child's Name (Print)

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Parent/Guardian Signature Date



## Beta Soccer Participant Enrollment Form 2014

(Please complete one form for each child.)

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### Parent/Guardian Information

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Child:  Parent  Legal Guardian  Foster parent  Grandparent  Sibling/Other Relative

Would you be willing to volunteer?  Yes  No In what capacity?  Coaching  Events  Other \_\_\_\_\_

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### Participant/Child Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred name or nickname \_\_\_\_\_ Is this child living with you?  Yes  No

Gender  Male  Female Shoe Size \_\_\_\_\_ Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Grade enrolled (2014-2015) \_\_\_\_\_ Type of School Attending:  Public  Charter School  Faith-based  Private

### Race/Ethnicity

Asian, Native Hawaiian/Pacific Islander  White, Non-Latino  Other \_\_\_\_\_

Does your child(ren) receive free/reduced price lunch at school during the school year?  Yes  No

Primary Language Spoken at Home \_\_\_\_\_ Secondary Language Spoken at Home (if any) \_\_\_\_\_

Has the child participated in a Beta soccer program before?  Yes  No

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### **Waiver**

*I/we, legal parent/guardian(s) of above named participant, agree to the following: 1) Give permission to the Beta soccer program to collect and record data, including Body Mass Index (BMI) weight and height and waist/neck circumference, about my child with the understanding that all information obtained will remain private, and that any responses publicly reported will be grouped together with other participants of this program and that my child will not be individually linked to his/her response. Only the staff approved by the Beta soccer will be able to view his/her responses. 2) Authorize release of data and information collected by my child's current or former school(s) to verify information and utilize information for group reporting with an understanding that only staff approved by the Beta Soccer will have access to the information. I hereby certify that the statements in this application are correct and true.*

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Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



BETA SOCCER

**Beta Soccer Padre/Tutor Legal Forma de Permiso**

(Por favor, completa uno para cada niño.)

**Informacion de Padre**

Nombre \_\_\_\_\_ Fecha \_\_\_\_\_

Dirreccion \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Zip \_\_\_\_\_

Telefono \_\_\_\_\_ Telefono de Trabajo \_\_\_\_\_ Telefono Celular \_\_\_\_\_

Correo Electronico: \_\_\_\_\_

Relacion al niño:  Padre  Tutor Legal  Padre Adoptivo  Abuelo/Abuela  Hermano/Hermana

Quieres participar en la programa como un voluntario?  Si  No En que capacidad?  Entrenamiento  Evento

Otro \_\_\_\_\_

**Informacion de Niño/Niña**

Nombre \_\_\_\_\_ Dia de Cumpleanos \_\_\_\_/\_\_\_\_/\_\_\_\_

Nombre preferido \_\_\_\_\_ Este niño esta viviendo con usted?  Si  No Sexo  Hombre  Mujer

Numero de Zapatos \_\_\_\_\_ Talla de Camisa \_\_\_\_\_ Talla de Pantalones Cortos \_\_\_\_\_ Peso \_\_\_\_\_ Altura \_\_\_\_\_

Curso (2014-2015) \_\_\_\_\_ Tipo de Escuela :  Publico  Escuela de Charter  Escuela Privado

**Raza/Etnicidad**

Afroamericano  Indio Americano/Natural de Alaska  Hispano/Latino

Asiatico/Natural de Hawaii  Blanco/Caucasico  Otro \_\_\_\_\_

Recibe su niño(s) almuerzo gratis o reducido?  Si  No

Que lenguaje hablas en la casa? \_\_\_\_\_ Hablas otras lenguajes en la casa? Cuales? \_\_\_\_\_

**Waiver**

*Yo/nostros, padre legal/tutor legal del niño documentado arriba, esta en acuerdo con lo siguiente: 1) Damos permiso a Beta Soccer para coleccionar y anotar informacion sobre el indice de masa del cuerpo (BMI), peso y altura y circunferencia de cintura/cuello, de mi hijo child con la condicion que todo la informacion anotado se va a quedarse privado, y cualquier respuesta se va a ser agrupado con otros participantes en la programa y mi hijo nunca sera conectado a sus respuestas en un manera individuo. Solo las personas aprobado por Beta Soccer pueden ver las respuestas y informacion de mi hijo. 2.) Autorizo el suelto de informacion coleccionado por la escuela(s) de mi hijo para verificar informacion y usar informacion para reportajes de grupo con la acuerdo que solo los individuos aprobado por Beta Soccer se van a ver la informacion. Certifica que todo la informacion incluido en este documento esta exacto.*

Nombre de Padre (Letras separadas)

Firma de Padre

Fecha



BETA SOCCER

**Beta Soccer**  
**Parent/Guardian Permission Form**  
*(Please complete one form for each child.)*

Parent/Guardian Name \_\_\_\_\_ Participant's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Transportation Information**

The Beta Soccer program will operate up to 3 day a week, after-school . Please select the following:

I (or approved designee) will pick up my child after the Beta Soccer program on the following days (Circle):

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

I allow my child to walk, bicycle or take the bus home on her/his own on his following days (Circle):

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

**Family and Emergency Contact Information**

**Emergency/Alternative Contact (If parent or guardian cannot be reached):**

1) Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does this person have permission to pick up your child?  Yes  No

2) Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does this person have permission to pick up your child?  Yes  No

Please list any medical conditions or physical limitations the participant has, or special procedures that need to be followed in the event of a medical emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



BETA SOCCER

**Beta Soccer**  
**Padre/Tutor Legal Forma de Permiso**  
*(Por favor, completa uno para cada niño.)*

Nombre de Padre/Tutor Legal \_\_\_\_\_ Nombre de Niño \_\_\_\_\_

Teléfono \_\_\_\_\_ Teléfono de Trabajo \_\_\_\_\_ Teléfono Celular \_\_\_\_\_

**Información de Transportación**

**Beta Soccer se va a operar después de la escuela, máximo 3 días por la semana.**

Yo (o un individuo aprobado) me voy a levantar mi niño/nina(s) de la escuela en estas días (Hacer un círculo alrededor de los días que aplica):

Lunes                  Martes                  Miércoles                  Jueves          Viernes                  Sábado

Dejar que mi hijo(s) caminen, monten en bicicleta o tomen el bus a la casa solo en los días siguientes (Hacer un círculo en los días que aplica):

Lunes                  Martes                  Miércoles                  Jueves          Viernes                  Sábado

**Información de Emergencia**

**En el evento de una emergencia y si no podemos contactar a usted, ¿quién deberíamos contactar?**

2) Nombre \_\_\_\_\_ Relación al niño \_\_\_\_\_

Número Telefónico \_\_\_\_\_ Teléfono de Trabajo \_\_\_\_\_ Teléfono Celular \_\_\_\_\_

Esta persona tiene permiso para recoger su niño?  **Si**  **No**

2) Nombre \_\_\_\_\_ Relación al Niño \_\_\_\_\_

Número Telefónico \_\_\_\_\_ Teléfono de Trabajo \_\_\_\_\_ Teléfono Celular \_\_\_\_\_

Esta persona tiene permiso para recoger su niño?  **Si**  **No**

Por favor, si su niño tiene algunas condiciones, límites físicos o procesos especiales que deben ser seguidos en el evento de una emergencia médica, por favor haga una anotación abajo:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nombre (con letras separadas) \_\_\_\_\_

Firma \_\_\_\_\_ Fecha \_\_\_\_\_