

**NORWALK JUNIOR SOCCER ASSOCIATION**  
**EMERGENCY HEALTH FORM**  
**Spring 2010**

NJSA Spring 2010 (A Parent Run Organization) Emergency Health Form In consideration of NJSA granting permission to my child to participate in its soccer program, I hereby waive all claims for damage or loss to my child's person and property which may be caused by any act, or failure to act on the part of NJSA, its Officers, Coaches or Referees. I assume the risk of all dangerous conditons on or about the playing fields and waive any and all specific notice of the existence of such conditions. I give permission for:

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(Child's name)

to participate in this soccer progam, realizing that such an ability involved the potential for injury which is inherent in all sprots. I UNDERSTAND THAT A PARENT/GUARDIAN IS REQUIRED TO BE AT THE PLAYING FIELD AT ALL TIMES AND THAT SHIN GUARDS ARE MANDATORY. IF A PARENT/GUARDIAN IS NOT PRESENT HE/SHE MAY NOT PLAY. My child will not be a high school student during the current soccer season. I acknowledge that I have read and fully understand these statements and accept responsibility for paying the cost of athletic injury beyond the limitations of NJSA's liability insurance.

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical information you want to have on file: \_\_\_\_\_

IN ORDER TO PROPERLY REGISTER YOU MUST SIGN AND RETURN THIS FORM & A REGISTRATION FORM ALONG WITH PAYMENT OF REGISTRATION FEES. PLEASE CHECK THAT THE INFORMATION ON ALL FORMS IS CORRECT. REGISTRATIONS ARE ACCEPTED ONLY UPON RECEIPT OF ALL PROPERLY COMPLETED INFORMATION ON A FIRST COME FIRST SERVE BASIS. YOUR CANCELLED CHECK IS YOUR RECEIPT. APPLICATIONS MAY NOT BE ACCEPTED AFTER \*March 28<sup>th</sup>,2010, WITH A LATE FEE SUBJECT TO ANYTHING POSTMARKED AFTER \*March 28<sup>th</sup>,2010\*. NJSA WILL NOT ACCEPT ANY REQUESTS FOR TEAM ASSIGNMENTS!