



Seeds in the Middle/Crown Heights Youth Soccer League

STUDENT-ATHLETE PARTICIPATION FORM: 2013

PLEASE PRINT CLEARLY!!!



PLAYER NAME _____ Session: **Spring**

SCHOOL _____ CLASS _____ DATE OF BIRTH _____ AGE _____ Boy Girl
SHIRT SIZE (CIRCLE ONE) : CHILD: **S M L XL** ADULT: **S M L XL XXL XXXL**

EMAIL: _____

ADDRESS: _____

Info: soccer@seedsinthemiddle.org T: 917-756-4202

I, the parent/guardian of the student named above, hereby give permission for my child to participate in the "Seeds in the Middle/Crown Heights Youth Soccer Eagles League" and to participate in all of the team's activities, as directed by the school/coach. I understand that my child will be obligated to attend regularly scheduled practices and competitions throughout the city. I give permission for my child to go to the Hamilton Metz Field with the coach, or school staff for practice and games. The field is located at Albany Avenue, between Lefferts and East New York Avenues.

I understand my child is responsible for his/her behavior at all times, and agree not to hold the school, Seeds in the Middle, Crown Heights Soccer Eagles, or any of its employees, volunteers or assistants responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team/program. I agree to return of all equipment loaned to my child for soccer. I, the parent/guardian release any all rights or claims for damages against the school, Seeds in the Middle, Crown Heights Soccer Eagles, or any of its employees, agents and all individuals assisting the program from all liability of any nature for any and all injuries, loss or damage suffered by the student named above.

I certify that my child has been seen by a medical doctor within the last year and was found able to participate in all sports and physical activities.

I agree to inform the school and Seeds in the Middle and the coach of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed. I agree that in the event of injury or illness, the DOE staff member in charge of the team, the coach, or Seeds in the Middle may act on my behalf and at my expense in obtaining medical treatment for my child. I understand that every effort will be made to contact me prior to any medical treatment being administered to my child.

In an emergency, contact, tel:: Work _____ Home _____ Cell _____

CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A TUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES):

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of my son/daughter by Seeds in the Middle. The photograph(s), videotapes(s) and video recording(s) may depict images of the student's sessions at Seeds in the Middle or soccer events will be used exclusively for educational and publicity purposes. I also agree that Seeds in the Middle has the right to edit, use and reuse said photograph(s), videotape(s) and video recording(s) for educational and publicity purposes in any media sponsored by these agencies including the use of any printed matter, or Internet distribution in conjunction therewith. I agree that all photograph(s), video tape(s) and video recording(s) will remain the property of the DOE and Seeds in the Middle. I understand my child will receive no compensation for his/her appearance in picture(s), video tape(s) or video recording(s). I understand that I may revoke my consent to the above at any time in writing.

I understand the media may be at Seeds in the Middle events during this program and my child may be photographed or videotaped by the media.

Parent/Guardian Signature

Date Signed

PLEASE PRINT PARENT'S NAME _____