



PARENT AGREEMENT WITH **WEST HEMPSTEAD CHIEFS SOCCER CLUB**

I, THE PARENT OF \_\_\_\_\_, GIVE APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES OF THE CLUB. ACKNOWLEDGING THAT THE RESPONSIBILITY FOR DETERMINING THE CHILD'S PHYSICAL FITNESS TO PARTICIPATE IS MINE AND MINE ALONE. I HEREBY REPRESENT AND WARRANT THAT THE CHILD FOR WHOM THIS REGISTRATION IS SUBMITTED IS PHYSICALLY AND OTHERWISE FIT IN ALL ASPECTS TO FULLY PARTICIPATE. I ACKNOWLEDGE THAT THE RESPONSIBILITY IS ALWAYS MINE TO NOTIFY THE CHILD'S COACH OR AN OFFICER OF THE CLUB IF THERE ARE ANY CHANGES IN HIS/HER STATUS, UNDERSTANDING THAT SUCH INFORMATION MAY BE USED IN DETERMINING THE CHILD'S CONTINUED ELIGIBILITY TO PLAY. I DO HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE **WEST HEMPSTEAD CHIEFS SOCCER CLUB**, THE OFFICERS, ORGANIZERS, SPONSORS, SUPERVISORS AND COACHES AND OTHERS APPOINTED BY THEM. I LIKEWISE, RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING OUR CHILD TO AND FROM RELATED ACTIVITIES. ALSO, AT LEAST ONE PARENT IS ENCOURAGED TO ATTEND EACH GAME.

I HAVE READ AND WILL ABIDE BY THE ABOVE AS WELL AS THE GENERAL RULES OF THE **WEST HEMPSTEAD CHIEFS SOCCER CLUB**. I ALSO UNDERSTAND THIS FORM WILL NOT BE ACCEPTED WITHOUT PAYMENT UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE.

**NOTE: SHINGUARDS ARE REQUIRED FOR ALL GAMES**

ANY FORM SUBMITTED AFTER JANUARY 15, 2004 WILL BE SUBJECT TO A WAITING LIST AND A \$10.00 FAMILY LATE FEE.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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MEDICAL INFORMATION

I HEREBY GIVE MY AUTHORIZATION AND CONSENT TO ANY SUPERVISING REPRESENTATIVE OF THE **WEST HEMPSTEAD CHIEFS SOCCER CLUB** TO CAUSE MEDICAL ATTENTION TO BE ADMINISTERED BY MY CHILD \_\_\_\_\_ IN THE EVENT OF AN ACCIDENT, INJURY, SICKNESS OR OTHER MEDICAL PROBLEMS. THE AUTHORIZATION AND CONSENT FORM SHALL TAKE PLACE IMMEDIATELY AND SHALL CONTINUE THROUGH THE CURRENT SEASON. I AGREE THAT I WILL SOLELY AND PERSONALLY BE RESPONSIBLE FOR PAYMENT OF SUCH MEDICAL ATTENTION.

MY ADDRESS IS: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ PHONE: (OFFICE) \_\_\_\_\_

IN THE EVENT I CANNOT BE REACHED PLEASE CONTACT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_

IS THERE ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD TO HELP THEM ADJUST TO OUR PROGRAM? PLEASE USE THE SPACE BELOW TO COMMENT

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PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WEST HEMPSTEAD CHIEFS SOCCER CLUB  
P.O. BOX 494  
WEST HEMPSTEAD, NY 11552  
(516) 733-4409  
WWW.WHCHIEFS.COM



NAME: \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

FEE: 1<sup>ST</sup> CHILD \$50.00, EACH ADDITIONAL CHILD \$40.00  
DISCOUNT APPLIES TO INTRAMURAL PLAYERS ONLY, NOT TRAVEL OR PLAYERS IN  
THE 4 YEAR OLD PROGRAM

LATE FEE – ONE FEE OF \$10.00 PER FAMILY IF RECEIVED AFTER  
JANUARY 15, 2004

ALL FEES ARE NON-REFUNDABLE.

VOLUNTEERS: WE ARE ALWAYS IN NEED OF VOLUNTEERS. OUR ORGANIZATION WILL NOT SUCCEED  
UNLESS WE HAVE THE FULL COOPERATION OF ALL OF OUR FAMILIES. TRAINING IS AVAILABLE FOR  
COACHES.

PLEASE CHECK ONE:

☐ COACH \_\_\_\_\_ (name) SHIRT SIZE: \_\_\_\_\_  
☐ ASST. COACH \_\_\_\_\_ (name) SHIRT SIZE: \_\_\_\_\_  
☐ FIELD LINING \_\_\_\_\_ (name)  
☐ FUND RAISING    ☐ SPONSOR    ☐ OTHER \_\_\_\_\_

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## UNIFORM ORDER SHEET

### SHIRT SIZE (\$16 EACH)

☐ YS    ☐ YM    ☐ YL                      ☐ AS    ☐ AM    ☐ AL    ☐ AXL

### SHORT SIZE (\$7 EACH)

☐ YS    ☐ YM    ☐ YL                      ☐ AS    ☐ AM    ☐ AL    ☐ AXL

### SOCKS (\$9 FOR 2 PAIR)

☐ RED                                      ☐ WHITE

ALL PLAYERS FROM 5 YRS. AND UP MUST HAVE FULL UNIFORM.

TOTAL UNIFORM FEE: \$32.00

[www.whchiefs.com](http://www.whchiefs.com)