

# HOPE, Inc. Sports Registration Form

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____			
Parent's/Guardian's Name		Primary Emergency Contact			
[ ]	[ ]	( )	( )		
Home Phone	Cell Phone	HOME	CELL		
_____		_____			
Address		Address			
_____		_____			
City, State, ZIP Code		City, State, Zip Code			

Please make checks payable to HOPE, Inc.

Mail registration forms to: HOPE, Inc. 803 22<sup>nd</sup> Ave South, Moorhead, MN 56560 Attn: Adair Grommesh

Please circle which program your child would like to join:

Power Soccer- SATURDAY Mornings-10:00-11:00 AM  
12/08/2007-02/16/2008 \$50

Manual Soccer- SATURDAY Mornings- 11:15-12:15 pm  
12/08/2007-02/16/2008 \$50

## Medical Information

_____	
Hospital/Clinic Preference	
_____	
Physician's Name	Phone Number
_____	
Insurance Company	Policy Number
_____	
Allergies/Special Health Considerations	

### Release and Indemnity Agreement

The undersigned for himself/herself and for the minors (persons under the age of 18 years) whose names appear below as registered for participation in the event or program described on the front of this document. In consideration of the acceptance of my registration and the participation of myself and any of the minors whose names appear below, or my children or my wards I hereby, on my behalf and their behalf, release HOPE, Inc., its agents and employees from all claims for injuries or property damage that I or they may sustain arising out of the event. I and any such minors recognize and acknowledge that there are risks of physical injury to participant in the event both known and unknown and I agree for myself and on their behalf to assume the risks of such injuries, damages, or loss which I or they may sustain as a result of participation in the Event. I release HOPE, Inc and its agents and employees from any such claims and I agree to indemnify and hold HOPE, Inc., its agents and employees harmless from any claims by any of the minors listed below arising out of or in any way related to the event. The persons executing the Release and Indemnity Agreement above hereof understand the event may be videotapes or photographed and agree to such images and further agree that images will be the sole property of HOPE, Inc and may be used for advertising and promotional use without notice to or consent of a participant, parent, or guardian and that any revenue derived there from shall be solely that of HOPE, Inc. I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

_____	_____
Participant's Signature	Date
_____	
Participant's Name	Participant's age and date of birth
_____	
Parent or Guardian's signature if child is under 18	Date
_____	

DATE RECEIVED: \_\_\_\_\_

AMOUNT ENCLOSED: \_\_\_\_\_