



2025 DEERFIELD RECREATIONAL SOCCER

Name: _____ DOB: _____ AGE: _____

Address: _____ Grade: _____ M _____ F _____

_____ e-mail _____ Telephone: _____

Parents/Guardians Name: _____

MEDICAL INSURANCE AND/OR MEDICAL CHARGES POLICY

By nature, many programs provided by the Deerfield Recreational Department have inherent risks associated with participation. The Deerfield Recreational Department and/or Town of Deerfield DO NOT PROVIDE ACCIDENT OR HOSPITALIZATION INSURANCE FOR PROGRAM PARTICIPANTS. Therefore all participants are required to have medical insurance and/or be responsible for any and all costs of any nature or kind whatsoever for injuries or treatments which may arise out of participating in the Deerfield Recreational Programs. Participation in all department programs is voluntary and participation is at the participant's own risk.

Consent to Medical Treatment:

As a parent or legal guardian of the above named participant, I hereby give my consent for any and all emergency medical care taken by a duly certified, trained, and/or licensed emergency care technician, doctor, dentist, nurse, first responder, or other appropriate similarly licensed or certified personnel, as may be administered in the process of providing emergency care of whatever form necessary to preserve life, limb or well being.

I authorize and request the Town of Deerfield to give, disclose and release to any emergency care provider all individually identifiable health information as I have provided to the Town of Deerfield. This authorization and request is a consent to the release of such information under current and future laws, rules and regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated pursuant thereunder.

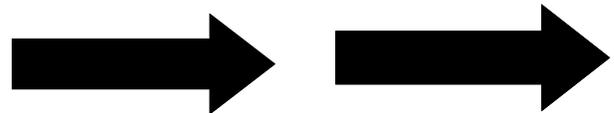
Parents / Guardian Signature: _____

Medical Conditions / Allergies: Yes: ___ or No: ___ Please describe in detail any medical conditions or allergies about which the Deerfield Recreational Department or any potential medical care provider should be aware:

[This is a two-sided form. Please read and complete both sides of this form.]

The program reserves the right to determine its capabilities of serving each child, and the responsibility to deny admission or terminate enrollment for any child whose behavior may be determined as disruptive or harmful to the program.

OVER



Cost: Pre-K \$50.00 K-6: \$60.00 School choice add \$25.00

Late Fee: Additional \$10.00 after August 28

DAY YOUR CHILD IS NOT AVAILABLE FOR PRACTICE _____

Make check payable to: ***Town of Deerfield***

REQUEST FOR VOLUNTEERS:

Head Coach _____ Asst. Coach _____

REC USE ONLY

Cash _____ Check # _____ Amount _____

CONSENT AND RELEASE FORM

I, _____, the undersigned parent or guardian of _____

_____, a minor, do hereby consent to my child's participation in voluntary athletic or recreational programs of the Town of Deerfield.

I agree and covenant to forever RELEASE, acquit, discharge and hold harmless the Town of Deerfield, the Recreational Committee, and any and all of its employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the voluntary athletic or recreational programs of the Town of Deerfield (hereinafter collectively the "Town of Deerfield") from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past or which may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to my child or property damage resulting from or in any way growing out of, directly or indirectly, and which my said minor child has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from my child's participation in the Town of Deerfield voluntary athletic or recreational programs.

I hereby forever, RELEASE, indemnify, defend and hold harmless the Town of Deerfield against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Deerfield voluntary athletic or recreational programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Deerfield's athletic or recreational programs with full knowledge that the Town of Deerfield will not be liable to anyone for personal injuries or property damage my child or I may suffer in the voluntary participation of the Town of Deerfield athletic or recreational programs.

Signed: _____

Parent or Guardian of: _____
(Please print clearly)

Date: _____