



# GREAT NORTHWEST YOUTH PROGRAM REGISTRATION: **FALL SOCCER 2020**

8809 Timberwilde Drive, San Antonio, Texas 78250 • (210) 681-2983  
Open Monday-Friday 10 a.m. to 7 p.m.

## REGISTRATION POLICIES

1. Programs are open to GNW residents, and non-residents for an extra fee
2. Registration accepted during posted dates only. \$25 Late Registration Fee
3. Refunds are given at the discretion of the Recreation Director. (\$25 Process Fee)
4. If the program is cancelled, a full refund will be processed within thirty days.
5. A fee of \$25.00 is charged on all checks returned for insufficient funds.
6. Times, dates, and locations are subject to change.
7. Programs have preset minimums and maximums according to availability
8. **Requests for specific team, coach or practice days are not guaranteed.**

## PARENT OR GUARDIAN

Name: \_\_\_\_\_ GNW Resident:  Yes  No  
 Mailing Address: \_\_\_\_\_ Primary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## PARTICIPANT

SPECIAL REQUEST: \_\_\_\_\_

NAME (As to be shown on a trophy) \_\_\_\_\_ AGE (As of 8-31-2020) \_\_\_\_\_ '19/'20 **GRADE** \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
 SHIRT SIZE:  YS  YM  YL  AS  AM  AL  AXL  AXXL  
 Mon/Wed  Tues/Thu  Any  5:30-6:30 pm  6:30-7:30 pm  7:30-8:30 pm  
 PREFERRED PRACTICE DAYS (not guaranteed) PREFERRED PRACTICE TIMES (not guaranteed)

**SPORTSMANSHIP CODE** The Great Northwest promotes good sportsmanship and will not condone unsportsmanlike behavior. As a parent, coach and spectator, I will set a good example of sportsmanship.

Printed Name \_\_\_\_\_ Signature (required) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. **WAIVER & COVENANT NOT TO SUE** With permission to participate in the Association's activities, I, for and on behalf of Participant, myself, and all others claiming through us ("Us", "We" or "Our"), agree to indemnify, the Association, defend, hold harmless, waive, discharge, and covenant not to sue, for any and all purposes, the Association and its officers, agents, volunteers, or employees ("Association") from any and all liabilities, losses, claims, demands, including costs, court costs and attorneys' fees, or injuries, including death, that may be sustained while participating in activities, or while on property that is owned, leased, or controlled by the Association, including travel to and from the Association's activities.
2. **INDEMNIFICATION AGREEMENT** I am fully aware that there are inherent risks involved with these activities and I and We choose to voluntarily allow the Participant to participate and I and We voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained resulting from involvement in said activities. I and We further agree and covenant not to sue, and to indemnify and hold harmless the Association for any loss, liability, damage or costs, including court costs and attorneys' fees.
3. **WAIVER** It is my express intent that this Waiver shall bind Us. This Waiver shall be governed by the laws of Texas, and venue dispute resolution will be Bexar County, Texas.
4. **MEDICAL TREATMENT AUTHORIZATION**  
 I consent to the Association to respond to accidents and emergencies for any required medical treatment resulting from participation in or presence at any activity. I understand and agree that such medical care is provided under the provisions of Section 74.151, *Texas Civil Practices and Remedies Code* and that such care is provided as "Good Samaritans". Further, whether the Association consents to the provision of care or provides the care, payment for all such care is my responsibility. I agree to indemnify and hold harmless the Association for any costs incurred to treat Us even if the Association has signed hospital documentation promising to pay for the treatment due to my inability to sign.

In signing I acknowledge and represent that I have read and understand it, and that I sign it voluntarily; am eighteen (18) years of age or older and am competent to execute this agreement. I consent to the information here being shared medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Office Use Only:

Date:	Check #	Debit/Credit Card #	Money Order #	Amount	Initials