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 MAILING ADDRESS: TEAM PARK CITY UNITED, P.O. Box 2220, Park City, UT 84060

MEMBERSHIP WAIVER

ATHLETE INFORMATION

Athlete Name _____ Male ___ Female ___ Date of Birth ____ / ____ / ____
 Mailing Address _____ City _____ State _____ Zip _____
 Athlete Email _____ Athlete Cell Phone _____ Grade _____

MOTHER'S INFORMATION

Name: _____
 Address (if different): _____
 Email: _____
 Cell Phone: _____ Home Phone: _____

FATHER'S INFORMATION

Name: _____
 Address (if different): _____
 Email: _____
 Cell Phone: _____ Home Phone: _____

EMERGENCY CONTACT-*must be someone other than parents*

Name _____ Relationship to Athlete _____
 Cell Phone _____ Home/Work or Other Phone _____

PHOTO RELEASE

I give my permission to Team Park City United (TPCU) to take photographs and use photos and/or other digital reproductions for publication purposes, whether electronic, print, digital or electronic publishing via the Internet for promotional purposes.

MEDICAL RELEASE

Medical insurance is required to participate in all Team Park City United (TPCU) activities. In case of emergency, I hereby authorize TPCU coaches or officials to assume any and all medical responsibility of me or my minor child. I authorize TPCU to obtain medical care for, or transportation to, a medical facility or hospital if, in the opinion of TPCU, medical attention is required and I or my child are unable to make decisions. I agree to pay all costs associated with such medical care and related transportation and shall defend, indemnify and hold harmless TPCU of or from the consequences of such decision and from any such costs incurred relating to the provision of medical care. I understand that no insurance coverage is provided by TPCU.

SIGNATURE Athlete or Parent/Guardian (if athlete under 18) _____ **Date** _____

Insurance Co. _____ Policy # _____ Group # _____
 Insurance Co Phone # _____ Athlete Allergies _____

Acknowledgement of Risk

I understand that activities with TPCU are potentially hazardous activities that may subject me or my minor child to the risk of severe injury, including death, even if the advice and instructions of Team Park City United (TPCU) are followed. I fully acknowledge and voluntarily accept these risks. Any injuries or loss of property that may occur while under supervision of TPCU are not the responsibility of TPCU or its coaches or officials. I unconditionally waive and release any and all claims and agree to hold harmless, defend and indemnify TPCU from any claims, present and future, to me or my property, or to any other person or property, for any loss, damage, expense or injury (including death), suffered by any person from or in connection with my or my minor child's participation in any activities in which TPCU is involved in any way, due to any cause whatsoever, including negligence and/or breach of express or implied warranty on the part of TPCU.

SIGNATURE Athlete or Parent/Guardian (if athlete under 18) _____ **Date** _____