



JACKSON TOWNSHIP SOCCER CLINIC AT SOUTH PARK



JULY 15/17- AGES 6-9
JULY 16/18- AGES 10-13

Jackson Township Parks & Recreation Division
5735 Wales Ave. N.W. - Massillon, OH 44646

Phone: (330) 832-7416 Fax: (330) 832-5936 www.jacksonswp.com
Email: Mryan@jacksonswp.com

Participant Information

(please print clearly)

Name: _____ Age: _____

Birth Date: _____

Address: _____ Are you a Jackson Township
resident? Yes No

City: _____ State: _____

Zip: _____

Phone: _____

Emergency Phone: _____

(Parent or Guardian) E-Mail:

In the event of an emergency and reasonable attempt to contact me has been unsuccessful

I hereby give my consent for: 1) the administration of any treatment deemed necessary by a licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concur necessary for such surgery, are obtained prior to the performance of such surgery.

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the program authorities to take no action.

PARTICIPANT WAIVER / RELEASE OF ALL CLAIMS

I, the participant, the parent, or legal guardian of the participant, a voluntary participant in this program sponsored by the Jackson Township Parks & Recreation Division, I am aware that there are certain risks of injury involved in any sport or recreation activity. Bearing this in mind, and with full knowledge of the physical capabilities or limitations of myself/child, I hereby agree to assume for myself/child such risk of injury. I, the undersigned, further agree with the intention of binding myself, my spouse, my heirs, my legal representatives, and my assigns, voluntarily, knowingly and

expressly release the Board of Trustees of Jackson Township, Stark County, Ohio or any member or employee thereof, or the Board of Education of the Jackson Local School District, Stark County, Ohio or any member or employee thereof from all claims, demands, actions, judgments and executions that I now have or may have or that anyone claiming through me may have or claim to have against Jackson Township, Ohio or any member or employee thereof, created by or arising out of my participation in any of the programs offered in the Jackson Township Parks. By signing this form, I fully understand that I am releasing the above named parties from any liability arising out of my participation in any of the above programs offered in any of the Jackson Township Parks described above and specifically the program(s) described above. Finally, I understand that by registering for any Jackson Township Parks & Recreation program, I agree to allow publication of any photos taken at any program or event sponsored by the Jackson Township Parks & Recreation Division.

Parent or Guardian's Name (Printed)

Signature (Parent or Guardian if under age 18)

Date

REGISTRATION WILL BE AT THE JACKSON TOWNSHIP ADMINISTRATION OFFICE THROUGH JULY 12, 8:00AM-4:00PM. YOU MAY ALSO MAIL, EMAIL MICK AT MRYAN @JACKSONTWP.COM OR FAX 330-832-5936. ALL FORMS MUST BE RECEIVED NO LATER THAN FRIDAY JULY 12. LIMITED SPOTS AVAILABLE.

FOR OFFICE USE ONLY

Registration received _____ Date _____

Entry # _____