

Hapoel Baltimore Sign-up Sheet

Sport _____ Player's Name: _____ Date of Birth: _____

School Attending: _____ Grade: ____ Home Phone: _____

Parent's Name: _____ Work Phone: _____

Home Address: _____ E-mail Address: _____

Player Shirt Size (Circle): YXXS, YXS, YS, YM, YL, AS, AM, AL, AXL Gender: ____

1st Choice of Player on Your Team: _____ 2nd Choice: _____

Skill Level of Player (Circle): A-Talented, B-Average, C- Less Experienced

Volunteer Opportunities: I'd like to be a (Circle): Coach, Co-Coach, or Referee this season.

Cost: The cost for the season is \$77. This covers all league expenses for each player including lined playing fields with goals, balls, games, a team uniform, and food and an award at the end of season banquet. Please send this filled-out form and a check (made out to "Know Idea") to Hapoel Soccer 6513 Pebble Brooke Rd. Baltimore, MD 21209. There are a limited number of "player slots" on each team and all players are placed on teams on a first-come-first-serve basis. As a consequence, your submission of this form with check does not guarantee the placement of your child on a team. If the league has reached its player capacity and we are unable to place your child on a team, your registration fee will be returned in full. Sign-ups received after the sign-up deadline may get an abbreviated uniform.

Parental Consent and Waiver of Liability: I, parent/guardian of the registrant, recognize the possibility of physical injury associated with participation on a soccer team and I hereby release, discharge, and/or indemnify Know Idea Incorporated and its affiliates, Hapoel Sports, its coaches, referees, and associated personnel, Matthew Bernstein, including the owners of fields and facilities used for the Hapoel Sports Club (the programs), from any claims by and/or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Consent for Medical Treatment: As parent or legal guardian of the registering player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. Care may be given under whatever given conditions are necessary to preserve life, limb, or well-being of my dependent.

Use of Name and Photograph Consent: I, the undersigned, do hereby consent and agree that, Know Idea, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and/or my child beginning on and ending on and to use these in any and all media. I further consent that my and my child's name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Know Idea Incorporated and its affiliates, the Hapoel Soccer Club, all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I understand that there will be no financial or other remuneration for recording me and/or my child, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signature of Parent or Guardian: _____ Date: _____