



GET GINGA. GET SOCCER.
MEANS YOU GOT IT.

BAYGINGA INC. P.O. BOX 1069
SPARKS, MARYLAND 21152-1069

PLAYER REGISTRATION

_____ D.O.B: _____ / _____ / _____
 Last Name First Name M F MM / DD / YY

_____ Mailing Address _____ City _____ State _____ Zip _____

Requested Programs	
Clinic: _____ Clinic Name	Small Group: _____ Group Name
Team Camp: _____ Team Name	High School: _____ Name
Individual: _____	Organization: _____ Name

Player Signature _____ Date _____

Parent/Guardian Name _____ Phone # _____
 Mobile # _____
 Email Address _____

Emergency Contact _____ Phone # _____

Doctor to Notify _____ Phone # _____

Medical Conditions / Allergies _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.

I recognize soccer is a physically demanding, contact sport which requires the athlete to possess coordination, stamina and a basic physical fitness. I also recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Bayginga, Inc., its owners, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Bayginga clinics and/or programs and/or being transported to or from the same, which transportation I hereby authorize.

By signing this agreement I am assuming the risk of possible injury and I know, or reasonably should know and understand these risks and voluntarily choose encounter such risk.

Parent / Guardian Signature _____ Date _____