



TURKEY BOWL PLAYER REGISTRATION

THURSDAY, NOVEMBER 25, 2010

9:00AM - 11:00AM

CHOCTAWHATCHEE SENIOR HIGH SCHOOL @ JOE ETHEREDGE STADIUM

110 NW RACETRACK ROAD, FORT WALTON BEACH, FL

ADMISSION: FREE

PLAYER'S FEE: \$5.00

PLAYER'S NAME _____ DOB ____/____/____ PHONE _____

STREET ADDRESS _____ CITY/STATE/ZIP _____

EMAIL ADDRESS _____

ALUMNI SCHOOL _____ CITY/STATE _____

IN CASE OF AN EMERGENCY:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

ALLERGIES _____

MEDICAL CONDITIONS OR PREVIOUS INJURIES _____

PHYSICIAN _____ ADDRESS _____ PHONE _____

MEDICAL/HOSPITAL INSURANCE COMPANY _____ PHONE _____

POLICY HOLDER'S NAME _____ POLICY # _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I RECOGNIZE THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND HEREBY RELEASE, DISCHARGE AND OTHERWISE INDEMNIFY THE SCHOOL, THEIR SPONSORS AND ITS AFFILIATED ORGANIZATIONS AND EMPLOYEES AND ASSOCIATED PERSONNEL OF THIS ORGANIZATION AGAINST ANY CLAIM BY OR ON BEHALF OF THE SOCCER PLAYER NAMED ABOVE AS A RESULT OF THAT PLAYER'S PARTICIPATION IN THE ANNUAL THANKSGIVING TURKEY BOWL GAME PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH I HEREBY AUTHORIZE.

SIGNATURE: _____

DATE: _____

ALL DONATIONS AND PROCEEDS BENEFIT THE

MASON HUPP SOCCER SCHOLARSHIP

PLEASE MAKE CHECKS PAYABLE TO CHOCTAWHATCHEE SENIOR HIGH SCHOOL

