



# FC BLAZERS JUNIOR ACADEMY Fall 2020

Dates: 9/16, 9/23, 9/30, 10/7, 10/14,  
10/21, 10/28

Field Location: William A. Rice Complex in  
Wrentham

Ages 5-8

Cost \$250

**PLAYERS SHOULD BRING A BALL, WATER BOTTLE, CLEATS, AND SHIN PADS**

**LOCATION: William Rice Field**

**54 Emerald St. Wrentham, MA**

**5:30-7**

**Registration:**

- 1) Please fill out the three forms below.
- 2) Payment will be \$250 check made out to FC Blazers
- 3) Mail to: FC Blazers  
23 Paquin Dr.  
Marlborough, Ma 01752

Player's Name: \_\_\_\_\_ Current age : \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ (ALL CONTACT WILL BE MADE  
THROUGH EMAIL. PLEASE GIVE AN ADDRESS THAT WILL BE CHECKED FREQUENTLY)

**LOCATION: William Rice Field**

**54 Emerald St. Wrentham, MA**

**Contact Information Parent Name(s):**

\_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Other Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone: H** \_\_\_\_\_ **W** \_\_\_\_\_ **C** \_\_\_\_\_

**T-shirt size:** YOUTH \_\_\_ **S** \_\_\_ **M** \_\_\_ **L**

### **MEDICAL RELEASE FORM**

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

**Date of Player's Birth:** \_\_\_\_\_ **Date of last Tetanus Booster:** \_\_\_\_\_

**Insurance Information Medical Insurance Carrier:** \_\_\_\_\_

**Policy#** \_\_\_\_\_ **Medical Conditions or Special Needs? ....** Please describe any medical conditions or special needs we should be aware of (use back of form for extra space):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**LOCATION: William Rice Field  
54 Emerald St. Wrentham, MA**

**FC BLAZERS LIABILITY RELEASE WAIVER**

1. In consideration of being allowed to becoming a Player for the FC Blazers (also the "Club"), I hereby for myself, my heirs, executors, successors, administrators and assigns, waive, release and discharge all rights and claims for damages, demands and any other actions which I may have now or in the future against FC Blazers, Inc., its officers, directors, employees, agents and affiliates, and their respective heirs and legal representatives, and those entities' representatives, successors and assigns (collectively, the "Club"), arising out of or relating in any way to my participation in any Club activity, game or event, while a Player for a Club team, including all claims for personal injuries, property damage, and/or invasion of rights of privacy sustained by me before, during, or after any activity, game or event, whether caused or alleged to be caused in whole or in part by the negligence of the Club or otherwise. I also hereby covenant not to sue the Club for any matter arising out of or connected with participation in a Club activity, game or event.

2. I recognize that Club activities, games and events may be physically demanding and which carry a possibility of serious injury, including permanent disability or death. I hereby warrant and represent to the Club that: (a) I am physically and emotionally fit and sufficiently trained to be a Club Player; (b) I knowingly and voluntarily assume all risk and responsibility whatsoever associated with participation in Club activities, games and events; (c) I will comply with the all rules and regulations of the Club; and (d) I have carefully read and fully understand this Liability Release Waiver and willingly agree to all of the conditions and obligations set forth herein.

3. I understand and agree that my failure to abide by the all rules and regulations of the Club, or to follow any other rules or instructions given to me by the Club, may be grounds for my immediate expulsion and termination of the Club Agreement.

4. This Release Waiver (a) shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts without regard to principles of conflict of laws thereof and (b) is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Release Waiver is held to be invalid or legally unenforceable for any reason, the remainder shall not be affected thereby and shall remain valid and fully enforceable.

**Participant's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that I am the parent or guardian of the minor participating in Club activities, games and events and have the right to waive the participant's rights that are waived above. By signing below, I am waiving the participant's rights with the same effect as if the participant had not been a minor and had signed on his/her behalf.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's/Guardian's Name – Please Print:** \_\_\_\_\_

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