

# DRIFTLESS UNITED FUTBOL



## VOLUNTEER COMMITMENT

Driftless United Athletics is a volunteer organization. We require families to work **four hours** per participating child/athlete per season. Parents of high school players can work their hours in a variety of ways including; working home game concessions, running the scoreboard, team coordinator, join the board of directors or a committee of the board. Email Suzie Howe for volunteer jobs. **22showe@gmail.com**

Note: If you are not able to volunteer your time there is a mandatory "Opt Out" Fee which is \$50 per athlete.

**Partial Scholarships are available.** Read more about the Scholarship Fund on our website <http://driftlessunitedathletics.org/forms-and-info/>

Volunteer Commitment Signature: \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY RELEASE

### STUDENT/PARENT COMPLETES

STUDENT NAME \_\_\_\_\_

1. I hereby give my permission for the above named student to practice and compete and represent DRIFTLESS UNITED ATHLETICS in approved interscholastic sports except those restricted on this form.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

I, the undersigned, have adequate insurance and am willing to take full financial responsibility for any and all injuries sustained by my son/daughter while participating, whether it be in a practice session or in actual competition, in a DRIFTLESS UNITED ATHLETIC program.

I further knowingly and voluntarily waive any and all claims against and forever release Driftless United Athletic, its Board Members, Officers, Agents, Employees and Volunteers for any and all injuries sustained by my son/daughter while participating, whether it be in a practice session or in actual competition, in a Driftless United Athletic sponsored sport.

I further agree that, pursuant to Wisconsin statute, if it appears that my child may have sustained a concussion or head injury, he or she will be removed from the activity until such time as a medical professional has examined him/her and provided a written clearance specifically approving a return to soccer and physical activities.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (18 years or over): \_\_\_\_\_ Date \_\_\_\_\_

**Players must have completed and turned in to registrar (Suzie Howe) on or before they start official practice on Monday August 15, 2016: Registration Form, Athletic Permit, Liability Release, and ALL FEES**