

Youth Athletic Soccer Academy Player Registration/Waiver Form

Player Name _____

M/F _____ Age _____ DOB _____

Any Medical Conditions _____

Parent Name _____ Phone(_____) _____ E-Mail _____

Parent Name _____ Phone(_____) _____ E-Mail _____

Address _____ City _____ Zip _____

Release of liability for minor participant

In consideration of my minor child/ward (my child), being allowed to participate in any way in the Youth Athletic Soccer Academy related events and activities, I, the undersigned parent/guardian, on behalf of myself, player and our heirs hereby acknowledges, appreciates, and agrees that:

1. The risk of injury from participating in soccer, play in adverse field conditions, tournament play and travel activities is significant, including the potential for permanent paralysis, injury, including strained, sprained or torn muscles, tendons or ligaments, broken bones, bruises, dislocation of joints, concussion, brain injury/damage, nerve and spinal cord injury, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and YASA
2. In consideration of accepting the registration and permitting the voluntary participation of my child in any YASA program/activity. I knowingly and freely assume all such risks for my child, both known and unknown, even if arising from negligence of the releases, or others, and assume full responsibility for my child's participation; and YASA
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any concern in my child's readiness for participation or any unusual significant hazard during my presence before, during or after my child's participation, I will remove my child from participation and bring such to the attention of the nearest YASA official immediately; and
4. I, myself, my spouse, my child and on behalf of my heirs, assigns, personal representative and next of kin, hereby indemnify, release and hold harmless to the fullest extent of the law YASA, YASA officials, agents, volunteers, employees, other participants, sponsoring agencies, advertisers and other representatives and if applicable, any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by YASA from any claims, costs, compensation, demands and expenses arising out of or in any way related to any and all injury, disability, death, loss or damage to person and property or other damage that may result to my child or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any YASA program, activity, tournament or event, including any physical or other injury caused by negligence of any person or entity described above.

Emergency Authorization

We, the undersigned, parent(s) of the participant/my child, a minor, do hereby authorize/give consent to the trainers, coaches, assistants, team managers, Exiles administration, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as Agents for the undersigned to consent to Medical, Surgical, of Dental Examination Treatment, etc. In case of emergency, I/we hereby authorize treatment and /or care of my child at ANY hospital and authorize medical care by any EMT, medical doctor, dentist and/or nurse. I hereby authorize emergency transportation of the my child/participant to any medical treatment facility should an individual listed above consider it to be warranted.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent Name _____
(Please Print)

Signature _____ Date _____