

Alpharetta Ambush

Activity/Program: _____



PLEASE PRINT

Player Information

First Name		Last Name	
Date of Birth			
Address		City	
State		Zip Code	
Current Age Group		Current Club	

Parent or Guardian Information

Parent 1		Parent 2	
Cell Phone		Cell Phone	
E-mail		E-mail	

Liability Waiver

In consideration of the Alpharetta Ambush Soccer Club, by participating in this Ambush Soccer Club Event, I agree as follows. I am the legal parent/guardian of the above named participant. In case of medical emergency, I understand that the Alpharetta Ambush Soccer Club will attempt to contact a family member at the telephone number listed. If they cannot be reached, I hereby give my permission to the Alpharetta Ambush Soccer Club to secure medical treatment for my child/legal guardian. I understand that the person participating in the Alpharetta Ambush Soccer Club and/or family members assumes all risk of loss of property or injury to the person, including injury resulting in death caused by or incidental dangers associated with soccer activities and agree that there are certain inherent dangers relating to soccer participation and therefore agree to hold the Alpharetta Ambush Soccer Club and owners, officers, coaches, managers, employees, facilities, sponsors, partners, and agents of the foregoing, harmless and specifically agree not to make any claim against the Alpharetta Ambush Soccer Club or its partners or sponsors for any injuries or loss. I acknowledge that the Alpharetta Ambush Soccer Club carries no insurance for players beyond club liability insurance and that I am free to seek individual insurance from an independent insurance agent.

I have read and accept the terms of liability waiver and give permission for my child to participate in the above named program.

Signed: (Parent/Guardian)	
Print Name:	
Date:	
Relationship to Player:	