



# Colonie Soccer Club

## Registration Form and Medical Waiver

### Player Information

Grade \_\_\_\_\_ (for 2020 - 2021 school year) School \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M / F \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Team \_\_\_\_\_

### Parent/Legal Guardian Information

Name(s) \_\_\_\_\_ Phone (if different) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (list someone other than father & mother): Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

My player son / daughter has the following condition or ailment which could impact his / her ability to play or may need to be considered in the event of needed treatment:

\_\_\_\_\_

#### Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by duly licensed doctor of medicine, EMS or Doctor of Dentistry. This care may be given under whatever conditions are necessary as to preserve the life, limbs or well-being of my dependent.

Parent/Legal Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that: My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to Colonie Soccer Club, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise. Soccer is a physical, contact, sport that involves the risk of injury or illness. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in soccer practices and games and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform the coach, team manager, or club officer if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I will wear shinguards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules, to all events. Colonie Soccer Club does not have personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation, both in practices and games and while traveling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach, team manager, or club officer of the condition and may refuse to participate. Participation assumes consent. I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), social media, website, television, video, or radio coverage of Colonie Soccer Club, without compensation. I authorize that an unaltered copy of this form may be generated and given to the officers or directors of other organization in order to allow my participation in their soccer programs, if the form is required and I have requested to participate. I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the United States Soccer Federation, US Youth Soccer, US Club Soccer, Colonie Soccer Club, the facility used by Colonie Soccer Club, their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their soccer programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns. I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. Signing this form attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

Parent/Legal Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

*For players ages 16 or older, a player signature is required in addition to parent / guardian signature*

Player (signature) \_\_\_\_\_ Date \_\_\_\_\_