

Soccer Xperience Registration and Waiver Release of Liability

Club Name _____ **City** _____ **State** _____

I hereby consent to the above-named club registering me for training with Soccer Xperience.

Player's Signature _____ **Date** _____ **Parent/Guardian Signature** _____ **Date** _____

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birth Date _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____

Father's Name _____ Home Phone () _____ Bus Phone () _____

Mother's Name _____ Home Phone () _____ Bus Phone () _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone () _____ Bus Phone () _____

Name _____ Home Phone () _____ Bus Phone () _____

Allergies _____

Other Medical Conditions _____

Physician _____ Home Phone () _____ Bus Phone () _____

Medical/Hospital Insurance Company _____ Phone () _____

Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND PHOTO RELEASE LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, Soccer Xperience, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Soccer Xperience training programs and/or while being transported to or from the same, which transportation I hereby authorize. I give permission for my child to be photographed, videotaped, or audio taped while participating in Soccer Xperience camps/trainings. I understand these may be used for Soccer Xperience publications including the website, and/or promotional videos and release Soccer Xperience from any liability.

Signature _____ **Date** _____

(Relation to player: father, mother, guardian)