



## Contact Information

Soccer Nickname/Full Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Home Address/Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

## Soccer Background

Team/Coach: \_\_\_\_\_

Division (BU-16 Silver North): \_\_\_\_\_

Years Played: \_\_\_\_\_

Current Position: \_\_\_\_\_

Goal for the next month: \_\_\_\_\_

Goal for the next 6 months: \_\_\_\_\_

Goal for the next 12 months: \_\_\_\_\_

## Medical Background

Current Fitness/Skill level (1-10): \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency Authorization: I, the undersigned parent or guardian of the above player, a minor, hereby authorize the trainers, agents, emergency contact (above) or AVID Soccer assignee to act as my agent in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

Disclaimer, Assumption of Risk and Waiver: I, the undersigned parent or guardian of the above player, a minor, for myself and on behalf of the player, our heirs, assigns and next of kin, acknowledge that participation in soccer necessarily involves play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of the player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

In consideration of accepting voluntary participation of the above named participant in its programs, for myself and on behalf of the player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless AVID Soccer, its employees, volunteers, officials, sponsors and other representatives, owners, and any and all other persons or entities allowing, permitting or authorizing the use of facilities by AVID Soccer, its employees, volunteers, officials, sponsors and other representatives, owners, and any and all other persons or entities from any claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant 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 AVID Soccer sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

Acknowledgement and Consent: I acknowledge that AVID Soccer is insured through the NSCAA and accept the terms of the Plan. For both internal and external use, I acknowledge that AVID Soccer may compile and use addresses and photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, AND UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PLAYER.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_