



Rec'd Date: _____
Initials: _____

Potomac Soccer Association – U8 Spring Footyfest 2018 - Individual Player Waiver and Consent Form

Individual Player Information:

Name: _____ Parent's Name: _____
Player's Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____ Email 2: _____
Emergency Contact: _____ Phone #: _____

Medical Information: Please list any medical conditions and/or allergies (including medicinal) that we should know about:

Consent and Liability Waiver – Release of all claims (must be signed to participate)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). I hereby give my full permission and authorization for my child to participate in youth soccer activities with Potomac Soccer Association. I UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASSIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASSIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS POTOMAC SOCCER ASSOCIATION, THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years of age or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of Potomac Soccer Association I agree that my child and I are solely responsible for the mechanical and/or operational condition of any and all sporting equipment provided by me or my child for participation in this sport with Potomac Soccer Association even if we have purchased such equipment from Potomac Soccer Association I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND POTOMAC SOCCER ASSOCIATION AND ITS AGENTS, SPONSORS AND EMPLOYEES AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Treatment Authorization and Insurance Information

As the Parent/Legal Guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis or treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of the examination or treatment.

Medical Insurance Company: _____ Policy #: _____

NO INSURANCE

Promotional Usage Consent: I agree to the use of my child's photograph(s) in current and/or future promotions, such as, but not limited to, internet postings, fliers, photo albums, etc. Initial

Parent /Guardian Signature: _____ Date: _____

Print Name: _____