

**SOCCER ACADEMY INDOOR  
LEAGUES & CLINICS  
2023-2024  
LIABILITY WAIVER**

**PLAYERS NAME:** \_\_\_\_\_

**PLAYERS DOB:** \_\_\_\_\_

**PLAYERS TEAM NAME:** \_\_\_\_\_

**Soccer is a physical contact sport.**

Soccer is at times a physical, contact sport. As the parent or guardian of the player enrolled in Soccer Academy's program, I understand that these programs, activities, games and training elements are hazardous by nature and I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Soccer Academy, Inc. and its directors, employees and staff from any claim, suit, demand or action arising in connection with the player's participation.

Personal medical insurance is required. If the player requires medical attention every effort will be made to contact the player's parents, guardians or emergency contacts. In the case of an emergency, the player will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Soccer Academy, Inc. for the quality or cost of medical services provided.

I also understand the risk associated to COVID-19, and consent and agree to follow the Soccer Fiesta COVID-19 protocols, and will not allow my child to participate or enter any facility if the protocols are not met.

I do hereby consent and agree that the above named minor may participate in the soccer program at, South Run, Mott Community Center, nZone. It is agreed that Soccer Academy, Soccer Academy VA, Fairfax County Park Authority, and/or any of the above sport facilities assumes no legal liability for injuries, damage, theft or loss sustained on the premises as a result of such participation.

I give permission to Soccer Academy to use the player's picture or likeness in promotion of Soccer Academy camps in printed or electronic media. I renounce any claims upon Soccer Academy for reimbursement for use of this material.

My child is in good health and this statement is offered in lieu of a Doctor's health certificate, I confirm that I have read and understand the following fact sheet on concussions:

[https://www.cdc.gov/headsup/pdfs/youthsports/parents\\_eng.pdf](https://www.cdc.gov/headsup/pdfs/youthsports/parents_eng.pdf)

I have read and accept Soccer Academy's Policy Statements:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_