Consent for Medical Treatment/Liability Release

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, and contractors/facilities 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.

The player's parent or guardian is responsible for any property damage caused by the player. If a player's property is lost or stolen, Soccer Academy will make every effort to locate it. However, Soccer Academy accepts no responsibility for the loss or damage to a player's property.

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 understood the following fact sheet on concussions

<https://www.cdc.gov/headsup/pdfs/youthsports/parents_eng.pdf>

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.

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

**Please sign below and bring with you first day of camp or mail to PO Box 3046, Manassas, VA 20108.**

Signature of Parent or Guardian or self if over 21:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Players Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Player (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_