

Ballers Football Academy Player Registration Form

Player Details

Player Forename	Player Surname	Age	School Year	Date of Birth

Parent/Guardian Contact & Emergency Contact Details

Parent/Guardian Name (CAPITALS)	
Telephone Number/s	
Email Address (CAPITALS)	
Home Address (CAPITALS)	
Emergency Contact Name	
Emergency Contact Relationship to Child	
Emergency Contact Telephone Number	

Player Medical Information & Medical Consent

Medical Conditions/Allergies	
Medication Provided	

In the event that my son/daughter is injured whilst playing football/travelling to and from football and I cannot be contacted on the above number, I hereby give consent for my child to receive medical attention.

Signed Parent/Guardian	
Print Name	
Date	

Code of Conduct

I confirm I have read the Ballers Football Academy/The FA code of conduct and agree to the terms.

Player Name		Parent/Guardian Name	
Signed		Signed	
Date		Date	

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Shin Pads/Shin Guards

Ballers Football Academy recommends and advises all players to wear Shin Pads/Shin Guards to all sessions/activities. If you/your child chooses not to wear Shin Pads/Shin Guards, you/your child do so at their own risk.

Parent/Guardian	
Signed	
Date	

Accident Waiver & Release of Liability

In consideration of my son/daughter being permitted to participate in the Ballers Football Academy and any of its training sessions, fixtures, training camps, holiday camps and external trips, I hereby acknowledge and agree, on behalf of myself, my son/daughter, executors, administrators, heirs, next of kin, successors and assigns, as follows:

- Assumption of Risk:** I understand that incidental to my son's/daughter's participation in the Ballers Football Academy, my son/daughter may be engaged in activities that involve the risk of serious personal injury, illness, permanent disability and death, as well as the risk of severe economic loss and loss or damage to property. I understand that these risks may result from, but are not limited to, the actions, negligence and failure to act of myself, my son/daughter and/or other participants and the condition of any property, facilities or equipment used. I also understand that there may be risks involved which are not known, foreseen or reasonably foreseeable to me or to the Ballers Football Academy, their coaches, representative or volunteers. Despite knowing these risks, I hereby consent to the voluntarily participate of my son/daughter in the Ballers Football Academy and agree, subject to the terms of this Accident Waiver and Release of Liability Form, to assume all related risks and accept personal responsibility for any injury of any kind or nature that I or my property, or my son/daughter and their property, may suffer arising out of or in connection with my son's/daughter's participation in the Ballers Football Academy.
- Fitness to Participate:** I certify that my son/daughter is in good health and I have not been advised by a qualified medical professional that my son/daughter is not medically able to participate in the Ballers Football Academy. I certify that I am not aware of any health-related reasons or problems that preclude my son/daughter from participating in the Ballers Football Academy training sessions, fixtures, training camps, holiday camps and external trips. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organisers of the Ballers Football Academy in which my son/daughter may participate and that it will govern my actions and responsibilities at said Ballers Football Academy.
- Emergency Medical Care:** In the event of injury to my son/daughter, I consent to such emergency medical care and transportation in order to obtain treatment as medical professionals may deem appropriate. This Accident Waiver and Release of Liability Form extends to any liability arising out of, or in any way connected with, the medical treatment and transportation provided to my son/daughter in the event of an emergency.
- Limitation of Liability and Indemnification:** To the fullest extent permitted by law, I hereby waive, release and forever discharge the Ballers Football Academy, its organisers, coaches, representatives, volunteers and all other persons associated with the Ballers Football Academy ("**Released Persons**") from all liabilities, claims, actions or damages that I or my son/daughter may have against the Released Persons arising out of or in any way connected with the registration or participation of my son/daughter in the Ballers Football Academy or traveling to and from the Ballers Football Academy including, without limitation, any liability or claims caused by the negligence, action or inaction of any of the Released Persons, or otherwise.

I acknowledge and agree that the Released Persons will not be liable to me or my son/daughter for any loss or damage, whether in contract, tort (including negligence), breach of statutory duty or otherwise, even if foreseeable, arising under or in connection with: (a) loss or damage; (b) loss of profits, sales, business or revenue; (c) business interruption; (d) loss of anticipated savings; (e) loss of business opportunity, goodwill or reputation; or (f) any indirect or consequential loss or damage. Nothing in this Accident Waiver and

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Release of Liability Form shall exclude or limit in any way the Released Persons' liability where it would be unlawful to do so. This includes liability for death or personal injury caused by the negligence of the Released Persons and for fraud or fraudulent misrepresentation.

I hereby agree to indemnify and hold harmless the Released Persons from all liabilities, claims, actions and/or damages arising out of or in any way connected with my son's/daughter's participation in the Ballers Football Academy.

5. **Photographs and Imagery:** I consent and agree that Ballers Football Academy and/or their coaches; representatives or volunteers may take photographs or digital recordings of my son/daughter as a participant during Ballers Football Academy events and use these in any and all media for training or promotional purposes. I further consent that my son/daughter's identity may be revealed therein or by description text or commentary. I, on behalf of myself and my son/daughter, waive any rights, claims or interests and I understand that there will be no financial or other remuneration.
6. **Governing Law:** This Accident Waiver and Liability Release Form (and any non-contractual disputes or claims) shall be governed and construed in accordance with English Law.

I, the parent or guardian of the below named participant, have read through this waiver and all its terms, and I hereby give my approval to this child's participation in the Baller Football Academy. I assume all risks and hazards incidental to my child's participation in the Baller Football Academy, and I hereby waive, release, absolve, indemnify and agree to hold harmless the Released Persons, as defined above, for any injury to my child and from any and all claims, causes of actions, obligations, lawsuits, charges, complaints, controversies, covenants, agreements, promises, damages, costs, expenses, responsibilities, of whatsoever kind, nature or description, whether, direct or indirect, in law or in equity, in contract or in tort, or otherwise, whether known or unknown, from all claims or liabilities of any kind arising out of or connected with my child's participation in the Ballers Football Academy.

I consent to the foregoing and grant permission for him/her to participate in Ballers Football Academy. I acknowledge I have carefully read, accepted and agreed to the terms on this Accident Waiver and Liability Release Form and know and understand their contents and I sign the same on my own free act and deed.

Print Participants Name & Age	
Print Parent or Guardian Name	
Signature (Parent or Guardian must sign)	
Date	