

SOCCERBOOK

Soccerbook Player Development Academy (SB-PDA) 2019-2020 PLAYER REGISTRATION & RELEASE FORM

Please print and fill in ALL blanks. All players & parents MUST complete this form before participating in Soccerbook Consulting LLC (SBC) and SB-PDA activities. This form is valid for all SBC and SB-PDA activities in 2019-2020. Signatures are REQUIRED on the bottom of this form prior to participation.

PLAYER INFORMATION [*mandatory fields]

Player Name*: _____ Gender*: Male ___ Female ___
Date of Birth*: _____ Club & Team Name*: _____
Address/City/State*: _____
Parent(s) Name(s)*: _____
Parent Email(s)*: _____
Home Phone*: _____ Cell Phone(s)*: _____
Emergency Contact Name*: _____ Contact (Cell) Phone*: _____

Release of Liability:

I the Player, or parent/guardian of the minor Player, acknowledge that soccer is an inherently dangerous sport in which the Player participates at his/her own risk. I, for myself and the Player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify (1) US Soccer Federation, US Youth Soccer Association, US Club Soccer, and affiliated organizations and sponsors, (2) Soccerbook Consulting LLC and Soccerbook Player Development Academy (SB-PDA), and its officers, directors, coaches, managers, volunteers, agents, representatives and assigns, (3) the Palo Alto Unified School District, and its subdivisions, (4) the City of Palo Alto and all other organizations providing fields of play, including their agents, officers, directors, contractors, employees, representatives and assigns (collectively "Released Parties"), from and against all claims, liabilities, damages or causes of action arising out of or in connection with the Player's participation in any and all Soccerbook Consulting LLC programs. I affirm that the Player is in good physical condition. I understand that the Soccerbook Consulting LLC does not carry medical insurance for Players participating in clinics/camps, tryouts, practices, games, showcase events, friendly scrimmages and other Soccerbook Consulting LLC sponsored activities, and that I am responsible for the Player's insurance coverage until the Player is officially registered as a Player with the US Soccer Federation, US Youth Soccer Association or US Club Soccer.

Signature of Parent/Guardian/Player Over 18 Years of Age:

X _____ Date: _____

Electronic Signature:

I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Step 1. Check the box below

____ By checking this box and typing my name below, I am electronically signing my application.

Step 2. Type in your name

First name Middle Initial Last Name
X _____ X _____ X _____

Date: _____