

2023 Summer Camp Fc Brasil - Ages 5 to 15 , Week 1 -July 10-14 , Week 2 -July 24-28



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LEARN BRAZILIAN SOCCER SKILLS

Emergency Medical Release & Liability Waiver

Participant's Name _____ **JERSEY SIZE -** _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

Name _____ Home Phone (____) _____ EMAIL: _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (____) _____ Bus Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Brasil FC Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Brasil FC Association will cause the participant to be removed from the Program.

(Parents/Guardians' Signature is required if participant is under the age of 18)

Parents/Guardians Signature _____ Date _____

Participant's Signature _____ Date _____

(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.



**COMMUNICABLE DISEASE/COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK
AGREEMENT BRASILFCsoccer.COM**

Participant/Child's Name _____ Birthdate _____
Street Address _____ City _____ Zip _____
Parent/Guardian's Name _____ Emergency Phone (____) _____
Parent/Guardian's Name _____ EMAIL: _____

In consideration of being allowed to participate in any way in programs, related events, and activities organized and facilitated by FC BRASIL Sports, Inc. d/b/a **BRASIL FC (FCB)**, I, the undersigned, on behalf of myself and my participating minor children or guardians, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

Participation in **FCB** programs, events, and activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. While following the Federal and State guidelines, Maryland State Youth Soccer Association "Return to Play" Guidelines, and WCU COVID-19 Best Practices and implemented Protocols may reduce the risk, **THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST. FCB CANNOT, AND DOES NOT GUARANTEE, WARRANT, OR REPRESENT THAT PARTICIPANTS WILL NOT CONTRACT A COMMUNICABLE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19, AS A RESULT OF PARTICIPATION IN ITS PROGRAMS, EVENTS, OR ACTIVITIES.**

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS.

I willingly agree, on behalf of myself and any of my minor children, to comply with the stated, reasonable, and/or customary terms and conditions related to my Participation—and that of my minor children—as regards protection against infectious diseases; and if I observe any unusual or significant hazard during my presence or participation, I will remove myself and my minor children, as appropriate, from Participation and bring such hazard to the attention of the nearest **FCB official immediately; and if I prior to my Participation—and that of my minor children- in a FCB event observe symptoms or display symptoms of an infectious disease I will refrain from participation and will immediately notify a FCB official.**

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE FCB, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, liability, rights, or causes of action of whatsoever kind arising out of, or in any way connected to or related to any ILLNESS, INJURY, DISABILITY, DAMAGES OR DEATH I may suffer or sustain as a result of my participation in Washington Capital United programs, events or activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name Participant's Age

Participant's Signature Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):

This is to certify that I, as parent/guardian with legal responsibility for the above-named minor child participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself and for the other Releasees I do hereby release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or Participation in the Program as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Parent / Guardian Name

Parent / Guardian Signature

Date

***Fc Brasil welcomes every players ,
Camp players will warm up together and then divided into
groups to strengthen individual skills ,play fun games , score lots
of goals , learn Brazilian skills , have fun .
Bring your enthusiasm! Plus a labeled soccer ball, shin guards,
water bottle (we have preference for plastic) , hand sanitizer ,
snacks, and lunch. Meals ans snacks are not provided.***

***FC BRASIL
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