



ultimate Youth Soccer

Waiver of Liability

I _____, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with soccer. By enrolling the registrant for soccer programs at Ultimate Youth Soccer, I release, discharge and/otherwise indemnify Ultimate Youth Soccer and its employees (including volunteers) against any and/or all claims by or on behalf of the registrant as a result of the registrant's participation in the program.

As the parent/legal guardian of _____, I request that in my absence, the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed physicians or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named minor.

Player's Date of Birth: _____ Date of last Tetanus Booster: _____

Allergies: _____

Known medical problems: _____

Family Physician: _____ Phone: _____

Insurance Carrier: _____

Address (Parent/Guardian): _____

City/State/Zip: _____

Phone (Home): _____ (Work): _____

Person responsible for charges (if different from above): _____

Person to notify if parent/guardian is unavailable: _____

Phone (Home): _____ (Work): _____

Signature of Parent/Guardian: _____ Date: _____



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Photo and Video Release Form

I _____, hereby authorize Ultimate Youth Soccer to publish the photographs and videos taken of the undersigned minor, for use on the Ultimate Youth Soccer website, social media and for training purposes.

I release Ultimate Youth Soccer from any expectation of confidentiality for the undersigned minor children and myself. I attest that I am the parent/legal guardian of the child/children listed below and that I have the authority to authorize Ultimate Youth Soccer to use their photographs, videos and names.

I understand that since participation in the photos and videos produced by Ultimate Youth Soccer is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in the photos and videos produced by Ultimate Youth Soccer confers no rights of ownership whatsoever. I release Ultimate Youth Soccer and its employees (including volunteers) from liability for any claims by me or any third party in connection with the participation of the undersigned minor children.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



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Waiver of participation – COVID-19

I understand and acknowledge that _____'s participation in our camp(s) and related events and activities, including tournaments and games, offered by and in connection with *Ultimate Youth Soccer* may pose dangers and risks of possible exposure to and illness from infectious diseases, including but not limited to influenza and COVID-19.

I understand that while particular rules, procedures and protocols may be in play and may reduce risk, the risk of serious illness or death exists. I understand that *Ultimate Youth Soccer* assumes no responsibility for any and all illness, disability, death or loss of damage to person or property in connection with my child's participation.

I hereby waive, release, and discharge *Ultimate Youth Soccer* from any and all liabilities or claims, financial or otherwise, made as a result of participation in the athletic program and related events and activities.

We have read and agree to follow the Ultimate Youth Soccer's COVID 19 protocols.

Participant Name (Printed):

Parent/Guardian Signature:

Date: