

PROGRAM REGISTRATION FORM | YOUTH WAIVER

Atlante San Diego FC



Participant Information

*First Name _____ MI _____ *Last Name _____ *Date of Birth _____ Age _____
School Name _____ Grade _____ **M / F**
Gender

Parent / Guardian Information

*First Name _____ MI _____ *Last Name _____ *Relationship _____
*Address _____ *City _____ *Zip _____
*Home Phone _____ *Mobile Phone _____ Work phone _____
* Email _____

Emergency Contacts

*First Name _____ *Last Name _____ *Phone Number _____
First Name _____ Last Name _____ Phone Number _____

Youth Waiver

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all Atlante San Diego FC programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any of Atlante San Diego FC for observation, use of facilities and/or equipment, or participation of the above in any program. I, on behalf of myself (as parent, guardian, coach aide, spectator, or participant) hereby:

1. Acknowledge that (I) I have read this document, (II) I have inspected the Atlante San Diego FC facilities and equipment, (III) I accept them as being safe and reasonably suited for the purposes intended, and (IV) I voluntarily sign this document.
2. Release Atlante San Diego FC, its directors, officers, employees, and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while such minor is in or near any Atlante San Diego FC program.
3. I agree not to sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near Atlante San Diego FC program, whether caused by the negligence of the Releases or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death, or property damage due to the negligence of Releases or otherwise.
5. I do hereby authorize Atlante San Diego FC as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Atlante San Diego FC is not responsible for costs incurred for medical care.
6. I consent to Atlante San Diego FC taking photographs, video recording, and /or sound recordings in documenting the activities of Atlante San Diego FC programs and services. We hereby grant Atlante San Diego FC and their affiliate's permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Atlante San Diego FC and its affiliate's educational and promotional purposes in manuals, on flyers, the internet or other publications.

Parent / Legal Guardian Signature

Date

OFFICE USE ONLY
☐ SOCCER ☐ BASEBALL ☐ FLAG FOOTBALL ☐ BASKETBALL