

PENNCREST AREA SOCCER CLUB

(Not affiliated with Penncrest School District)

Waiver of Liability, Medical Authorization, Travel and Usage Permission

As the parent/legal guardian of _____, a minor, I/we understand that he/she is about to become a participant in a soccer program sponsored by Penncrest Area Soccer Club. I/we understand that there are certain risks of injury associated with playing soccer and I/we agree to assume those risks. I/we believe that my/our son/daughter is in proper physical condition to participate in this sport. I/we understand further that it is my/our obligation to have him/her undergo a physical examination prior to participation in this sport to determine his/her fitness. I hereby release and forever discharge Penncrest Area Soccer Club, their members, officers, coaches, and employees from any and all liability, including liability for antecedent negligence, for injury to my/our son/daughter by reason of his/her participation in the sport of soccer with the Club. I/we understand that the Club is not providing any insurance for my/our son/daughter if he/she sustains injury; it will be solely my/our responsibility to provide and pay for any medical treatment required. I/we agree to indemnify and hold harmless the Club, and their members, officers, coaches and employees from any and all liability they may incur on account of my/our son's/daughter's participation in this program, to him/her or to any other person and from any claim resulting from the damage to, theft of, or loss of personal property. In the event of injury or illness involving my/our son/daughter, I/we authorize the coaches or other representatives of the Club and/or the affiliate to arrange for and consent to, on my/our behalf, any required medical treatment.

I/we also certify that my/our son/daughter has permission to travel with the Club to soccer tournaments, games and other activities by the Club's chosen means of travel. I/we also give the Club permission to publish the name and/or image of my/our son/daughter on the Club website unless otherwise specified in writing.

My/our son/daughter has the following medical problems, which should be noted:

My/our son/daughter has the following allergies, which should be noted:

My/our medical coverage Company name:

Policy number:

In case of emergency, I/we can be reached at: Home Phone # (____) _____

Work Phone # (____) _____

Address: _____ City: _____ State: _____

Family Physician: _____ Phone # (____) _____

Nearest friend or relative you can contact in an emergency should you be unable to reach me/us is:

Name: _____ Phone # (____) _____

Parent's Name _____

Signature _____ **Date** _____