



STRIVING FOR EXCELLENCE

Bakersfield Alliance Soccer Club

Bakersfield Alliance Soccer Club, Inc. Clinic/Tryout Registration Form

Players Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Hm Phone: _____ Alt. Phone: _____

Email: _____ Alt. Email: _____

Gender (Circle) M F Shirt Size: _____ Short Size: _____

Soccer Experience: Club: _____

High School: _____

Recreational: _____

Position(s): (circle) GK Def Mid For

NOTICE

BEFORE A PLAYER MAY PARTICIPATE IN A BAKERSFIELD ALLIANCE SOCCER CLUB CLINIC OR TRY-OUT, THIS AGREEMENT, RELEASE FROM LIABILITY AND CONSENT FOR MEDICAL TREATMENT (MINOR) ON PAGE TWO OF THIS DOCUMENT MUST BE READ, SIGNED AND DATED BY THE PARENT OR GUARDIAN OF SAID PLAYER.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of _____, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I agree to be responsible for all costs that may be incurred as a result of medical treatment that becomes necessary for my child's care during their participation as a participant in the Bakersfield Alliance Soccer Club clinic or tryout or both.

Signature of Parent/Guardian _____ Date _____

AGREEMENT AND RELEASE FROM LIABILITY

I, _____, acknowledge that my child has voluntarily applied to participate in the Bakersfield Alliance Soccer Club clinics, tryouts, or both.

I AM AWARE THAT SOCCER IS A CONTACT SPORT AND IS A HAZARDOUS ACTIVITY WHICH PRESENTS SPECIAL RISKS TO PLAYERS RESULTING FROM FALLS AND COLLISIONS AND MAY RESULT IN BONE FRACTURES, HEAD INJURIES, SPRAINS, STRAINS AND OTHER INJURIES. I AM ALLOWING MY CHILD TO VOLUNTARILY PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____ . Initials

As consideration for being permitted by the Bakersfield Alliance Soccer Club or one of its affiliated organizations to allow my child to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Bakersfield Alliance Soccer Club or any of its coaches, managers, officers, members, volunteers, or affiliated organizations for physical injury, other physical problems, or damage resulting from the negligence or other acts, howsoever caused by the Bakersfield Alliance Soccer Club and any of its employees, agents, contractors, coaches, managers, officers, members, volunteers or affiliated organizations as a result of my child's participation in the Bakersfield Alliance Soccer Club clinics, tryouts or both. I hereby release the Bakersfield Alliance Soccer Club and any of its affiliated organizations, coaches, managers, officers, members, or volunteers, from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for physical injury, other physical problems or damage resulting from my child's participation in the Bakersfield Alliance Soccer Club clinics, tryout or both.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BAKERSFIELD ALLIANCE SOCCER CLUB, INC. AND ITS AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed at Bakersfield, California on _____, 20_____.

Signed Parent/Guardian

Print Name