

# San Antonio Soccer Academy Registration Form

## PLAYER INFORMATION

Last Name	First Name	MI	Telephone
Address		City	Zip
Birthdate	Sex	E-mail	

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY – ADULT OR MINOR

In consideration of being allowed to participate in any way in the San Antonio Soccer Academy athletic/sports program and related events and activities, the undersigned:

- 1 Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
- 2 Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- 3 Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4 Release, waive, discharge and covenant not to sue the San Antonio Soccer Academy, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

Parent / Guardian Signature

date

## PARENT / GUARDIAN INFORMATION

Last Name	First Name	Work Phone	Home Phone
Address		City	Zip
Relationship to player	E-mail		

- I am registering as a Coach
- I am registering as a Team Representative
- Birth Certificate of player (Copy enclosed)
- Picture of player/coach/team rep enclosed
- Registration fee enclosed

Please list any medical conditions, allergies, injuries, medic alert bracelet or anything else we need to be aware of:



Team Name	Coach
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