

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND LIABILITY WAIVER



Player's Name _____

Birth Date _____

Street Address _____

City, State _____ **Zip** _____

The purpose of the STP Soccer, LLC is to provide players the opportunity to develop and pursue excellence in soccer. STP Soccer, LLC provides a professional training staff dedicated to developing young players to the best of their soccer abilities by creating a positive environment for an enjoyable and challenging soccer experience. This is a serious training atmosphere suitable for players with high soccer aspirations. Players will be expected to continuously develop their individual skills within the context of team play by participating in practices, scrimmages, games and tournaments. STP Soccer, LLC admits soccer players of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to players enrolled in the program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its policies, admissions, scholarships, loan programs, and athletic and other STP administered programs. I, the undersigned Player (if player is 18 years of age or older) or Parent/Guardian of the above listed minor Player, hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the Player with medical assistance and/or treatment. I further agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the Player to a medical treatment facility should an individual listed above consider it to be warranted. I warrant that Player has received a physical examination by a physician and has been found physically capable of participating in the STP Soccer, LLC program. I acknowledge and fully understand that each player will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from the Player's own actions, inactions or negligence, but also the action, inaction or negligence of others, the rules of play, the condition of the premises, or of any equipment used and, further, that there may be other unknown risks not reasonably foreseeable at this time. I further acknowledge and understand that travel to and from games, practices, and tournaments by automobile or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. On behalf of the Player, his/her heirs or next of kin, I hereby release, discharge, and otherwise indemnify STP Soccer, LLC, its affiliated organizations, the employees and associated personnel of those organizations, its coaches, managers, officers, directors, and agents (including the owners and leasers of premises used by the STP Soccer, LLC), and its sponsors against any claim by or on behalf of the Player named above as a result of the Player's participation in the STP Soccer, LLC program. I also hereby authorize the transportation of Player to and from games, practices, and tournaments by automobile or other mean of transportation and acknowledge that this release includes such transportation. This release is valid for as long as the Player participates in the STP Soccer, LLC program. I have read the "Authorization for Emergency Medical Treatment and Liability Waiver" and understand that I have given up substantial rights by signing this release and waiver. I further warrant and state that I am authorized to sign this document and that my signature below is voluntarily. I understand that photographs taken at this program may be used in STP Soccer LLC advertising with no compensation, financial or otherwise.

Signature _____ **Date** _____ **Email address** _____

Player (must be 18 years or older) or Parent/ Guardian Signature

Father's Name _____ Home Phone (_____) _____

Cell Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____

Cell Phone (_____) _____

In an emergency when parent / guardian cannot be reached, please contact the following:

Name _____ Home Phone (_____) _____

Cell Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Home Phone (_____) _____

Cell Phone (_____) _____

Medical / Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND LIABILITY WAIVER MUST BE COMPLETED BEFORE A PLAYER BEGINS PARTICIPATION. Cancellations: You may cancel up to 10 days before the start of a training day for a full refund less a \$15.00 administration fee. The information herein will be kept confidential and will be disclosed on a need to know basis to staff and medical service providers. Make an extra copy of this registration for your records.