



FREMONT YSC

CLUB EVALUATION

PLAYER PARTICIPATION WAIVER FORM

ARE YOU ONSIDE?

PLAYER INFORMATION

Player Name - _____

Gender - Male Female

Player Date of Birth - _____

Are you currently registered with any other soccer program? Yes No ... if yes please enter below

Current Club Name - _____

PARENT/GUARDIAN INFORMATION

Parent Name - _____

Address - _____

Contact Phone Number - _____

Email Address - _____

Emergency Contact - _____ Emergency Phone Number - _____

PLEASE READ AND SIGN THE DISCLAIMER BELOW. PLAYER WILL NOT BE ABLE TO PARTICIPATE UNTIL THIS DOCUMENT IS SIGNED AND RETURNED.

I, the parent/guardian of the abovenamed Player, a minor, agree that I and Player will abide by the rules of Fremont Youth Soccer Club, NorCal, its affiliated organizations, and coaches. Recognizing the possibility of physical injury associated with soccer and in consideration of Fremont YSC accepting Player for its soccer programs and activities, including tryouts, I hereby release, discharge and/or otherwise indemnify Fremont YSC, including the City of Fremont and its related departments, against any claim by or on behalf of Player as a result of Player's participation in programs. I further hereby 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 wellbeing of Player.

Name _____

Signature _____

Date _____

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN IT IF YOU DO NOT AGREE WITH ITS TERMS.

Club Official Signature - _____

Date - _____