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P.O Box 1207 • Santa Cruz, California 95061

[www.sccsoccer.org](http://www.sccsoccer.org)

## YOUTH PLAYER WAIVER FORM: UP TO AGE 17

### Parent Information: To be completed by Parent/Legal guardian

Players Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### LIABILITY/INJURY WAIVER AND RELEASE

I, the parent/guardian of the player, a minor, am familiar with the nature of soccer. I (we) understand that participation in soccer can be dangerous and I (we) accept all risks of injury and death.

I (we) accept that the Santa Cruz Breakers is only providing an opportunity to play soccer. I (we) accept that Santa Cruz Breakers does not provide medical insurance coverage. In consideration to participate, I (we) agree to assume all risks and release and hold harmless Santa Cruz Breakers, its staff, agents, owners, officers, property owners, league directors, officials, sponsors and any others having an interest in the club from all liability, negligence, causes of action, claims demands and damages of every kind which may arise out of my participation in any and all activities with this club.

I (we) will ensure that the registrant will familiarize (him/her) self with the rules of the game and of the facility and will to the best of his/her ability play under control and avoid injury to self and other persons. I (we) accept any and all risks as describe above and acknowledge so by signing below.

Parent/legal Guardian Name: \_\_\_\_\_

Parent/legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT TO MEDICAL TREATMENT (MINOR)

As the parent of the above named player, I hereby give 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 dependant.

Parent/legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_