

# Central Coast Surf Tryout Form

## Player Information

Player Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender  Male  Female Team Desired \_\_\_\_\_

Soccer Experience \_\_\_\_\_



## Waiver & Release of Liability

I understand that there are risks involved with my child's participation in the Central Coast Surf Soccer Club competitive soccer tryouts.

I hereby authorize the directors of Central Coast Surf Soccer Club ("Central Coast Surf Soccer Club") to act for me according to their reasonable judgment in any emergency requiring medical attention. I hereby waive and release the directors of Central Coast Surf Soccer Club from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in these tryout sessions. I acknowledge and accept the conditions above with my signature below.

The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that I, or my child, could become infected through contact with or close proximity to an individual with a communicable disease.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS ON BEHALF OF MY CHILD, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

I certify that my child is in good health, and may participate in strenuous physical activities at the tryouts. I certify that there are no physical limitations to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and forever discharge Central Coast Surf Soccer Club and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury, infection, or death, property damage, and/or other loss suffered by my child in connection with his/her participation in the tryouts. I acknowledge and accept that this Release and Waiver is intended to be binding on the family, estate, heirs, executors, administrators and assigns of the minor named above. I further acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of California and agree that if any portion of this release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds the minor and me to all of its terms.

I hereby grant permission to Central Coast Surf Soccer Club and its legal representatives, assigns, and those acting on its behalf, to use any picture, video or audio recording of my child taken in connection with the tryouts for all manner of advertising, trade, promotion, exhibition, or any other lawful purpose related to youth soccer whatsoever and in any form or medium.

I hereby release the Central Coast Surf Soccer Club, its member leagues, teams, agents, officers, coaches and players from all liability or responsibility for any claim, damage or legal action on behalf of the player or the player's parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation.

## Parent / Guardian Information

I acknowledge that I have carefully read the Waiver and Release of Liability and that I understand and agree to its terms.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

## Internal Notes

#: \_\_\_\_\_ Position \_\_\_\_\_ Tryout Date / Field \_\_\_\_\_