



## **The Villages Soccer Club Sports Performance and Assessment Release Form**

### **Overview**

The Sports Performance Assessment will take place over the course of 10 months. Athletes will be evaluated three times during the 10 month period and provided a detailed assessment and training plan. Following the assessments athletes will receive specialized training based on each individual need during his/her weekly practice. Times and dates of the program may change, you will be notified within 48 hours if any change needs to be made.

### **Cost**

To simplify registration Club and Sports Performance registration will now be completed together through GotSoccer. There will be no refunds for missed sessions. Late payments or non-payments will result in dismissal. Athletes wishing to return after dismissal will not be guaranteed a spot and may enter a waiting list.

### **Photography and Video Consent**

I hereby grant The Villages Soccer Club, permission to use my child's likeness in photographs, videos in which he or she may be included in whole or in part, composite or retouched in character or form. I also understand that the photographs and videos may be used without any further consent or authorization from me. I also waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

### **Medical Authorization and Liability Waiver**

I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify The Villages SC, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in The Villages SC programs and/or being transported to or from the same, which transportation I hereby authorize. I 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 participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted.

NOTICE TO THE MINOR CHILD'S

NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE VILLAGES SOCCER CLUB USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE VILLAGES SOCCER CLUB IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE VILLAGES SOCCER CLUB HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

This Release has been carefully read and fully understood by the undersigned. The terms have been explained to me and I am freely, knowingly and voluntarily entering into this Release.

Parent/ Guardian Signature: \_\_\_\_\_

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

Name of Athlete: \_\_\_\_\_

Date: \_\_\_\_\_



The Villages Soccer Club  
 703 Buena Vista Blvd.  
 The Villages, FL 32162  
 www.TheVillagesSoccerClub.com  
 info@TheVillagesSC.com  
 (352) 561-8239

Player's Full Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender (circle) M or F  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email(s) \_\_\_\_\_

Medical Problems, Drug Reactions and/or Allergies \_\_\_\_\_

Player's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Primary Medical Insurance Company \_\_\_\_\_  
 Policy Holder Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Parent/Guardian Relationship to player \_\_\_\_\_  
 Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parent/Guardian Relationship to player \_\_\_\_\_  
 Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In an emergency when parents cannot be reached, please contact:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER**

I 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 applicant/participant with medical assistance and/or treatment and 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 applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify The Villages Soccer Club, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in The Villages Soccer Club programs and/or being transported to or from the same, which transportation I hereby authorize.

This authorization shall remain in effect for 1 (one) calendar year from the date of signing, unless revoked in writing.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

Proud member of:

