



Evergreen Youth Soccer Club Waiver of Liability and Release Form

This form must be completed for each soccer player (participant) and must be signed by the player's parent or legal guardian. No player will be allowed to participate in Evergreen Youth Soccer Club, also known as EYSC, practices or activities like league games or tournament games without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): _____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): _____

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

- My child and I have read and agree to abide by the rules/expectations of EYSC as explained in the document 'Welcome to Evergreen'.
 - I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic and EYSC athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury. I have reviewed and understand the symptoms and warning signs of SCA.
 - Soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in soccer practices and games and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force and on file with EYSC. I will wear shinguards, properly-fitted and appropriate shoes, and other protective equipment that may be needed or required, as provided by US soccer rules, to all events.
 - Permission to administer emergency medical care: I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named player while the player member is practicing for or participating in EYSC, EPYSA and US Youth Soccer, Scrimmages, trainings and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named player member. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the EYSC's administration, coaches and/or team trainer to consult with the Authorized Medical Professional who executes care regarding a medical condition or injury to the herein named player member.
 - The information on this form shall be treated as confidential by EYSC personnel. It may be used by the EYSC administration, coaches and team trainer to determine athletic eligibility to play or practice, to identify to the best of their ability in that moment possible medical conditions and injuries during play to discuss with you if available and determine if player should sit out, and to promote safety and injury prevention. In the event of an emergency, the information contained from medical release form may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s)
 - I hereby acknowledge that I am familiar with the requirements of EYSC, EPYSA and US Youth Soccer concerning the eligibility of players to participate in Practices, Scrimmages, and/or Contests. Such requirements, which are posted on the EYSC Web site under By- Laws at www.evergreenyouthsoccerclub.com, EPYSA and US Youth Soccer include, but are not necessarily limited to age, status, attendance, health, transfer from one club to another, season and out-of-season rules and regulations, seasons of sports participation.
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- Disclosure of records needed to determine eligibility: To enable US Youth Soccer, EPYSA and EYSC to determine whether the herein named player is eligible to participate in US Club Soccer athletics, I hereby consent to the release to the above named outfits any and all portions of record files of the herein named player specifically including, without limiting the generality of the foregoing, birth and age records (ie birth certificate and photo) name and residence address of parent(s) or guardian(s), residence address of the player, written health records by parent's/guardian (ie listed on medical release form) .
 - My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to EYSC, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play.

-I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising and with sponsors), television, print, video, social media accounts or radio coverage of the club, league or tournament, without compensation.

-I understand that I am a primary player for EYSC and as such, the club holds all player passes. If I am asked to guest play or participate in any soccer games/tournaments including 3v3, 7v7 and the like outside of EYSC I will need to get permission from the EYSC Directors.

-I have completely read this document and fully understand its contents. I acknowledge that I have signed this document voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For those individuals eighteen (18) years of age and older:

Participant's Name (PRINT) Participant's Signature Date Signed

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent or Guardian Name (PRINT) Parent or Guardian Signature Date Signed