

NC SOCCER CLUB WAIVER

for HUSC & HSA

I verify that my child (or me) is/are covered by medical insurance. He/she has been (I have been)checked by a physician and is/are physically able to participate in soccer/athletic activities. I hereby, for MYSELF and/or for my child/ward, our heirs, executors, administrators and personal representatives, discharge, waive and release N.C. Soccer Club, Inc., NEO United Athletic Club, its partners, agents and employees, and the owners of the facility in which injury or damage to myself or my child/ward may have occurred by virtue of, or arising out of or in connection with any participation and any of the activities of the N.C. Soccer Club. By executing this document, I hereby acknowledge that soccer/athletics is/are a dangerous sport/activity in which serious injury and/or death may be a possible outcome of participation or attendance, and I hereby assume, and/or assume on behalf of my child/ward, all risk of injury or loss to which I and/or my child/ward may be exposed. Permission is granted for my child to receive emergency medical treatment if needed. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at NC Soccer Club to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence.

PRIVACY POLICY - ALL INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL AND NO INFORMATION WILL BE DISTRIBUTED.

DATE OF BIRTH _____ GENDER _____ TEAM NUMBER _____

PLAYERS NAME _____

PARENTS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

WORK NUMBER _____

CELL NUMBER _____

SIGNATURE _____

DATE _____

