



Today's Date: _____

ID: _____

ADULT - PLAYER'S WAIVER AND ID FORM

Player's Name _____ Date of Birth _____

Parent or Guardian (If player is under 18 years of age) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

E-mail address _____

How did you hear about us? Website Google Facebook Flyer Friend/Family Other: _____

I (parent or guardian if applicable) hereby give my consent and agree to release, indemnify, and hold harmless the Santa Clarita Soccer Center doing business as SCSC L.P., Fun Zone Party Area, Lil' Kickers, Skills Institute, Lil Sluggers, and Santa Clarita Sports Performance and all personnel including officials, staff officers, agents and owners from any claim arising from personal injury including, but not limited to, sprains, fractures, or physical illness due to weather conditions or property damage to the named individual. I understand that SCSC L.P. does not carry insurance to cover participants in the activity of which I am registered. I understand the hardness of the playing surfaces and dasher-boards are different and unique playing characteristics of artificial turf when wet or dry, and the roughness of the sport. I grant SCSC L.P. the right to photograph or video the players in participation in any activity, and to use the photographs or video in future brochures, commercials, and or media outlets. Santa Clarita Soccer Center has a strict no refund policy, and will not refund a player or guardian of the player for any reason.

GUARANTEE OF COMPLIANCE TO RULES OF THE SANTA CLARITA SOCCER CENTER

In the event of any dispute arising, the undersigned agrees to abide with all the SCSC L.P. rules, polices, and officials. SCSC L.P. reserves the right to impose restrictions and or penalties as a result of noncompliance with SCSC L.P. rules and policies. Copies of the rules and policies are available at the request of the undersigned in the office Santa Clarita Soccer Center, 25385 Rye Canyon Road, Valencia, CA 91355.

EMERGENCY AUTHORIZATION

I (parent or guardian of the participant, if a minor), do hereby authorize the coaches, assistants, staff or parents of team members to act in capacity of an activity supervisor and as agents for the undersigned to consent to medical, surgical, or dental or examination treatment, etc... in case of emergency. I hereby authorize treatment and, or care of registered player in any hospital and medical physician. If there is an emergency and I cannot be reached, please contact the following emergency name and phone number, (family, friend or neighbor).

In case of emergency contact _____ **Phone** _____

Authorization of Emergency Care, Acknowledgement of Disclaimer, and Guarantee of Compliance of Rules of SCSC L.P.

Signature of Player (if 18 or older) _____

Signature of Parent (if player is under 18 years of age) _____