

Golden Goal Soccer Club

Organization:	Golden Goal Soccer Club	City:	Vallejo
Program:		Age Group:	

I hereby consent to the above-named organization registering me with Golden Goal Soccer Club. **Note: it will not be necessary to complete this form again as long as the player is with the organization, which will hold this form unless requested by Golden Goal Soccer Club.**

_____M/F			
Player Name (First, Last)	Address	City/Zip	Birth MM/DD/YYYY
Parent/ Guardian Name (First, Last)	Relationship to Player	Phone #	

REGISTRATION FEE: RESIDENT \$100, NON-RESIDENT \$100

JERSEY: \$30 /Name: Size: YS YM YL YXL AS AM AL AXL

HEAD-START TRAINING: \$25

ADDITIONAL/OTHER:

TOTAL DUE: \$_____

CONTACT:

PHONE #:

RECEIVE TEXTS:

Primary	Cell	Yes/No
Secondary	Cell	Yes/No
Emergency	Cell	Yes/No

*I, the undersigned, do hereby grant or deny permission to Golden Goal SC to use the image of my child, _____, as marked by my selection(s) below. Such use includes but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on Golden Goal Soccer Club social media.

- Deny permission to use my child's image at all.
- Grant permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Golden Goal SC for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Paid:	Verified Address:	Verified Age:
Processed By:	Signature	Date:

PLAYER'S MEDICAL INFORMATION:

Name:	Birth Date:	Gender: Male / Female
Address:	City:	State/Zip:
List of allergies:		
List other medical conditions:		
Physician/ Phone:		
Medical/ Hospital Insurance Company:		
Policy Holders Name/ Number:		

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, team volunteer, 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. 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 considerate to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the organization, Golden Goal Soccer Club, their sponsors, the USSF 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 players participation in Golden Goal Soccer Club programs/activities and/or being transported to or from the same, which transportation I hereby authorized.

Parent Signature: _____ Date: _____

Relation to player: **Father** **Mother** **Guardian**

This form will be retained by Golden Goal Soccer Club for at least (5) years or until the player's 18th birthday, whichever occurs first.

GOLDEN GOAL SOCCER CLUB MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Golden Goal Soccer Club athletics/sports program, and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
3. Release, waive, discharge and covenant not to sue Golden Goal Soccer Club its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP
SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

Name of Participant (print): _____

Name of Parent/Guardian (print): _____

Signature of Parent/Guardian: _____ DATE: _____