

# Golden Goal Soccer Club

<b>Organization:</b>	Golden Goal Soccer Club	North Las Vegas	NV
<b>Program:</b>	GGSC Player Development ages 5-17 years		Coed

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.**

Player's Name	Birthdate	Gender	Soccer Experience	
Address	City	State	Zip	

**REGISTRATION FEE:**

**MONTHLY MEMBERSHIP:**

T-Shirt Name:	Size: YS YM YL YXL AS AM AL
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**CONTACT INFO:**

Parent Name:	Cell:	Receive Texts: Y/N
Parent Name:	Cell:	Receive Texts: Y/N
Guardian:	Cell:	Receive Texts: Y/N
Emergency:	Cell:	Relation to player:

\*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:
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/RELEASE:**

I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, team volunteer, emergency medical technician, nurse, or other healthcare professional and, in each case, their associated personnel provide the player identified above with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and /or treatment. I understand treatment of injury will be based, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or interactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all Golden Goal Soccer Club programs without restriction or condition. **To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the member organization, Golden Goal Soccer Club, it's agents, contractors and sponsors, it's affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of that player's participation in Golden Goal Soccer Club programs and/or being transported to or from the same, which transportation I hereby authorized.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**GOLDEN GOAL SOCCER CLUB MINOR ATHLETIC LIABILITY WAIVER/RELEASE:**

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 OF LIABILITY, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGN VOLUNTARILY.**

**I HEREBY AGREE AND ACCEPT ALL TERMS AND CONDITIONS SET FORTH IN THIS PLAYER REGISTRATION, MEDICAL RELEASE, AND LIABILITY WAIVER FORM.**

Name of Participant (print): \_\_\_\_\_

Name of Parent/Guardian (print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

Email: \_\_\_\_\_