



West Coast Elite FC Football Summer Camp

Parent / Guardian Information

First Name	MI	Last	Relationship
Street Address			
City		State	Zip
Home Phone	Work Phone	Mobile Phone	
Email			

Player Information

First Name	MI	Last	Phone
Emergency Contact			

If applicable, list any medical problem(s)/physical limitation(s) the player has:

West Coast Elite FC Football

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of West Coast Elite FC Football Club and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for West Coast Elite FC Football Club accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless West Coast Elite FC Club, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to a West Coast Elite FC Club authorized representative for the limited purpose of verifying the West Coast Elite FC Club player's age and identity. (4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to West Coast Elite FC Club taking photographs, video recordings, and/or sound recordings in documenting the activities of West Coast Elite FC Club programs and services. We hereby grant West Coast Elite FC Club and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for West Coast Elite FC Club and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. **We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.**

Signature of Parent/Legal Gaurdian _____ Date _____

For Club / League Use only

_____	Yes No	Cash Check Online
Date Recived	Payment Received	Payment Type