



# VALE SC Player Release 2020

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Best Phone: ( \_\_\_\_ ) \_\_\_\_\_

## Parent/Guardian Information:

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Best Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Best Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

Allergies: \_\_\_\_\_ Other Medical Conditions: \_\_\_\_\_  
Player's Physician: \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_ 2nd Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

## Parental Approval & Medical Release:

I hereby recognize the possibility of physical injury associated with soccer and in consideration for US Club Soccer, US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify CJSA, US Club Soccer, US Youth Soccer and Vale Sports Club, and their affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment in the event of injury in my absence until I can be reached and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

*There is currently an ongoing pandemic of Coronavirus Disease 2019 (officially named COVID-19). Participant is voluntarily participating in the Activities which may cause me to be exposed to persons who have or have had, or have been exposed to, COVID-19. Participant understands that Releasees cannot guarantee that Participant will not be exposed to COVID-19. Participant acknowledges there may be risk associated with such exposure by participating in the Activities including without limitation the potential for harm, loss, physical and mental injury, emotional distress, death, disability, and physical and mental illness.*

I hereby acknowledge that any pictures, video or any other media taken by VALE Sports Club or a designee thereof may be used for media, marketing & promotional and I approve of its use. I hereby understand that I agreed to keep and maintain the fee schedule for participation with VALE Sports Club upon registering my child. I understand that fees collected are non-refundable except at the discretion of the club. The club will take all reasonable steps to address each circumstance on a case by case basis with regard to determination of refunds or suspension of fees.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date