



Athletic Football Club Southampton Liability Waiver Form

Player's Last Name:		Player's First Name:	
Street:	City:	Prov	ON
Postal Code:	Contact #:	DO	Age:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>			
Players Email Address:			
Father:	Work Phone	Cell Phone #:	
Mother:	Work Phone	Cell Phone #:	
E-Mail Address:			
Emergency Contact:		Phone #:	
Doctor to Notify:		Phone #:	
List any Medical Problems:			

IMPORTANT
Please Read Before Signing:

This is to certify that I, as a parent/guardian, with the legal responsibility for the above minor participant, do knowingly and fully assume all risks of the minor's injury as a result of minor's participation in the Athletic Football Club Southampton (AFC), even if arising from the negligence of AFC or its coaches, team managers and other coaches and volunteers, and assume full responsibility for the minor's participation. I understand that the game of soccer includes risks of injury from the physical demands of the game, collisions, fields, goals, balls, and opponents. I release and agree to indemnify and hold harmless AFC and its officers, directors, coaches, managers and all volunteers from any and all liabilities incident to my minor's involvement or participation in the AFC, including all soccer-related activities, practices, games, tournaments, educational programs, clinics, seminars, and travel to and from AFC functions and/or events. I further agree to release and indemnify OASL/OS, from all liability as a result of my minor's participation in AFC and all of the facilities utilized for the AFC programs. For and in consideration of the benefits accruing to me as a result of my child's participation in AFC the adequacy and sufficiency of which considerations is hereby acknowledged, I do hereby waive and release any and all rights and claims for damages which may accrue in my favor against AFC and its respective officers, directors, coaches and volunteers in any manner whatsoever arising out of or in any way connected to AFC and its contracted parties.

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I Consent to the above defined Waiver of Liability. Recognizing the possibility of physical injury associated with soccer and in consideration for the AFC accepting the registrant for its soccer programs and activities (Programs). I hereby release, discharge and/or otherwise indemnify the AFC, its affiliated organizations and sponsors, their employees and associated personnel, including 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. I further grant the AFC Parties the right to use the player's name, pictures and /or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____
Parent/Legal Guardian (please print)

OFFICIAL USE ONLY

Birth Date Verified Yes No

Date _____