



AJAX UNITED FOOTBALL CLUB

RELEASE OF LIABILITY WAIVER

PLAYER INFORMATION

Player's Name:		Birth Date:	
Street Address:	City:	State:	Zip:
Email Address:			
Father/Guardian:	Primary Phone:	Secondary Phone:	
Mother/Guardian:	Primary Phone:	Secondary Phone:	

IN AN EMERGENCY WHEN A PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

Name:	Primary Phone:	Secondary Phone:
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MEDICAL INFORMATION

Doctor:	Office Number:
Hospital (in case of emergency):	
Any Medical Conditions (including allergies):	

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, 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 and agree to be financially responsible for the cost of such 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 consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the persons involved in leading the sessions, CYSA, Modesto Youth Soccer Association, Ajax United Soccer Club, Ajax United Football Club, US Club Soccer, Modesto City Schools, Modesto Christian, 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 player's participation in all Ajax United tryouts, training sessions and/or being transported to or from the same, which transportation I hereby authorize.*

Print Name:	Relationship to Player (circle one): Father Mother Guardian
Signature:	Date: