



Sol Soccer Club
Player Tryout Waiver
(for a minor child)

Activity: Alta California Sol SC Tryout

Date(s) _____

Name of Minor _____ Date of Birth ____/____/____

Mother/Guardian _____ Cell Phone (____) _____ Home/Work Phone (____) _____

OR

Father/Guardian _____ Cell Phone (____) _____ Home/Work Phone (____) _____

Parent/ Guardian email address _____

Home Address _____

Important

I, the parent or guardian of the above-mentioned player, a minor, agree that the player and I will abide by the rules of Alta California Sol DBA Sol Soccer Club. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify Sol Soccer Club and its affiliated organizations and sponsors, its officers, directors, volunteers, employees and associated personnel, including the owners of fields and facilities utilized for the activity, against any claim by or on behalf of the player as a result of the player’s participation in the activity and/or being transported to or from same, which transportation I hereby authorize. I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Sol Soccer Club, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by Sol Soccer Club, and the agents, employees, officers and directors of said persons or entities (“RELEASEES”) from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state of California and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

Consent for Medical Treatment (Minor)

I, the undersigned parent or legal guardian of the above-named player, a minor (“Player”) hereby authorize each of the coaches, team parents, and/or other officials of of Alta California Sol DBA Sol Soccer Club, to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

Name of Parent/Legal Guardian (please print) _____

Signature _____ Date ____/____/____