



ACADEMY SPORTS COMPLEX

YOUTH PLAYER MEDICAL RELEASE & LIABILITY WAIVER

I assume all risks incidental to such participation in the sport of soccer, including transportation to and from such activities. I hereby waive, release and absolve the organizers, sponsors, Academy Sports Complex staff and participants from any claim arising out of injury to my son/daughter.

Moreover, I do hereby certify and assume that my child/children (registrant for the program) is in sufficient health to endure the rigorous activities and drills that are common in the participation of soccer.

Furthermore, I do hereby acknowledge, understand and agree that it is my responsibility to inform the appropriate Academy Sports Complex staff of any health related complications, illness or conditions regarding the applicant and/or prescription medicine being taken by applicant.

Player's Name

Address

City

State

Zip

Age of Child

Date of Birth

Club Name

Team Name

Emergency Contact Name

Emergency Phone

Parent or Guardian Name

Phone

E-mail

Signature of Parent or Guardian

Date

Please complete form, print and submit on first day of attendance.

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Rev. 12/14