



AC Cugini Scuola Calcio

Play Soccer in Italy Tryout Medical Release / Liability Waiver

The form below must be completed in its entirety, signed, and submitted to registration@cuginisoccer.com before the first tryout. There is no fee to try out.

Questions? Email: info@cuginisoccer.com

www.cuginisoccer.com

Player's name _____ Date of birth _____

Address _____ City _____ Zipcode _____

Email addresses _____

Mother's name _____ Cell # _____

Father's name _____ Cell # _____

Emergency contact name and tel # _____

Known medical issues, allergies _____

Is player covered by insurance?: ____ Yes ____ No Insurance carrier _____

Policy holder name & member ID # _____

Medical Release & Liability Waiver

Must be signed and dated by player's parent or guardian

As parent/guardian of player named on this document, I certify that above player is covered by medical insurance and is in excellent health and has no physical, mental, or emotional problem likely to prevent participation in strenuous activities/athletics. I hereby give my approval for above player to participate in all activities of AC Cugini Soccer/, including but not limited to tryouts, practices, games, tournaments, camps, clinics, and any other activity associated with AC Cugini/Cugini Soccer Services Intl. I assume all risks and hazards incidental to the conduct of soccer-related activities including transportation to and from all AC Cugini-related activities. I further hereby release, indemnify, and agree to hold harmless AC Cugini/Cugini Soccer Services Intl. and its officers, directors, agents, sponsors, volunteers, and other staff from any claim, suit, demand, or action arising out of injury to above player. I hereby give consent for emergency medical care prescribed by a duly-licensed Doctor of Medicine or Doctor of Dentistry and certify that I have read, understand, and accept this waiver and release. I understand this is a release of liability and that I give up substantial rights by signing it, and sign it voluntarily.

Parent/Guardian Name (please print) _____

Signature of Parent/Guardian _____ **Date** _____