



# 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](mailto:registration@cuginisoccer.com) before the first tryout. There is no fee to try out.

**Questions?** Email: [info@cuginisoccer.com](mailto: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 \_\_\_\_\_