

VESA Registration and Waiver Form

This Registration Form shall be completed by the participant, or if the participant in a minor/child, by the legal authorized parent or guardian of such minor/child participant.

Participant's Information

Player's Name: _____ Date of Birth: _____
School Attending: _____ Grade: _____ Gender: _____
Street Address: _____ Home Phone: _____
City, State: _____ Zip Code: _____ Cell Phone: _____
Parent's Email(s): _____

Emergency/Health Information

In case of emergency, please notify (if minor/child, provide parent's or guardian's information, as appropriate).

Contact Name: _____ Relationship: _____ Home/Cell Phone: _____
Contact Name: _____ Relationship: _____ Home/Cell Phone: _____
Physician's Name: _____ Physician's Phone: _____
Name of Insurance Provider: _____ Last Tetanus: _____ / _____ / _____

Does Participant have any medical, psychological, or behavioral conditions that we should be aware of?

1. Are there any medical or health factors or limitations that might affect Participant's performance in the activity?

Yes: _____ No: _____

2. Is Participant taking any medications or have a condition that may affect participant's safety or performance in the activity?

Yes: _____ No: _____

3. Is Participant required any special accommodations (due to disability) to participate in the activity?

Yes: _____ No: _____

If yes, please explain: _____

In case of injury or emergency, I for myself and/or Participant (if Participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I" for this registration form) give permission for an activity representative to call 911 and transport Participant to a hospital. I shall inform Vettori Elite Soccer Academy, LLC, in writing, of any medical or health conditions of Participant that occurs or develops and which could affect Participant's safety, performance or participation in or throughout the activity.

Signature of Participant(if minor, parent/guardian): _____ Date: _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at www.cdc.gov/concussions.

I acknowledge Vettori Elite Soccer Academy, LLC (hereby "VESA Soccer"), and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each on "activity representative" and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity. Failure to provide correct information may result in ejection from the program at the discretion of the program director. I shall inform VESA Soccer in writing if any information provided in this registration form is incorrect or changes through the course of the activity. I understand VESA Soccer does not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my drivers license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form.

Signature of Participant (if minor, parent/guardian): _____ Date: _____

Name of Signatory: _____ Relationship to Participant: _____