

**Santa Clara Youth Soccer Tryout Form**  
**Release of Liability, Consent for Medical Treatment and Acceptance of Rules**

I, \_\_\_\_\_, on behalf of myself and my minor child, \_\_\_\_\_ (together referred to as "I" or "my" or "me" or "Participant"), intend to participate in various physical activities, including but not limited to soccer scrimmages, soccer games (together "Soccer Activities") with one or more groups or teams or programs affiliated with the Santa Clara Youth Soccer League (referred to as "Soccer Club" or "SCYSL"). Such Soccer Activities shall take place at various times and on various premises owned and maintained by various entities, including but not limited to municipalities and school districts (together "Soccer Premises") and permitted for use by Soccer Club for Soccer Activities.

I hereby affirm that I am in good physical condition and do not suffer from any medical conditions that would prevent or limit my ability to safely participate in Soccer Activities on the Soccer Premises. I assume all risks incurred in connection with my participation in Soccer Activities on the Soccer Premises, whether occurring prior to, during, or after my participation with the Soccer Club, and agree that neither the Soccer Club nor the Soccer Premises is liable for any injuries sustained by me. I, for myself, my heirs and assigns, hereby release the coaches, team managers, employees, agents, officers, directors and owners of each the Soccer Club and the Soccer Premises, from any claims, demands, or causes of action arising from my participation in activities with the Soccer Club, now or in the future, including but not limited to muscles strains, pulls or tears, broken bones, shin splints, heat prostration, knee, back, or foot injuries, heart attacks and other illnesses, soreness, or injury however caused, occurring prior to, during or after my participation in activities of the Soccer Club. Neither the Soccer Club nor the Soccer Premises shall be liable to me for any claims, demands, injuries, damages or actions arising out of or in connection with my activity on the Soccer Premises.

Additionally, I agree that the Soccer Club is not responsible for any of my lost, stolen, or damaged property. I hereby affirm that I have read and fully understand this Release of Liability and acknowledge that this release is being relied upon by the Soccer Club in permitting me to participate in the Soccer Activities of the Soccer Club on the Soccer Premises. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve my life, limb or well-being.

I hereby agree to abide by the rules and regulations of SCYSL, U.S. Youth Soccer (USYS) and its affiliated organizations, and California Youth Soccer Association (CYSA) and its affiliated organizations.

**PARTICIPANT**

By \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Printed Name \_\_\_\_\_  
(Parent or Guardian)

Name of Minor Child \_\_\_\_\_

**EMERGENCY CONTACTS**

Person to notify in emergency \_\_\_\_\_

Phone number \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Phone number \_\_\_\_\_

List known medical problems (ex: allergies)

\_\_\_\_\_

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