Геаm Name:					
Parent Information					
FirstName		_MII	_ast Name		Relation
StreetAddress			_City		Zip
Phone Number			_Email		
<u>Player Information</u>					
FirstName		_MI	_Last Name		_Gender
Date Of Birth	_Grade	School N	ame		
Emergency Contact					
Name			Phone		
We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of SGV Soccer League, (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for SGV Soccer League accepting the youth player's registration and participation in its youth soccer league, we hereby release, discharge and/or otherwise indemnify and hold harmless San Gabriel Valley Soccer League, SGV Soccer League, SGVSL, its affiliated organizations and all of its sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the SGV Soccer League. (3) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (4) We consent to SGV Soccer League taking photographs, video recordings, and/or sound recordings in documenting the activities of SGV Soccer League's programs and services. We hereby grant SGV Soccer League and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for SGV Soccer League and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a cla					

Date:

Signature of Parent/Guardian:_____