

Season 2015-2016



XOLOS ACADEMY FC TRY-OUT WAIVER FORM

Girls Under: _____

Boys Under: _____

Participant Information

Participant Name _____ Position: _____

Date of Birth: _____ Competitive _____ Recreational _____

Address: _____

Parent(s)/Guardian(s) Name _____

Home Phone _____ Alt/Cell Phone _____

Emergency Contact Name & Phone _____

Parent/Contact Email _____

(Please print clearly)

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all sports and field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity sponsored or approved by Xolos Academy, F.C. and for any injuries which myself or my children/wards may sustain while on the premises of Hilltop High School, located at 555 Claire Ave. Chula Vista, Ca 91913 or in any other facility utilized by Xolos Academy, F.C. and go, remise, release and forever hold harmless Xolos Academy, F.C. and their officers, agents, employees, coaches, independent contractors and/or team managers from any actions, suits, damages, claims, or judgments, that may result from any personal injury that myself and/or my children/wards may sustain while on the premises of the said facility, or while using the equipment of Xolos Academy, F.C. or while engaged in any activities sponsored by Xolos Academy, F.C.. I also understand that Xolos Academy, F.C. is held harmless and will not issue credit in the event that I or my minor child, the attendees, cannot attend due to illness, injury, hazardous road conditions, severe storm, flooding, wind, war or other acts of God or any unforeseen occurrences that could frustrate the whole or any part of this event and/or schedule. I agree to allow photographs taken of myself and/or my children/wards to be used in any marketing/advertising publications by and for Xolos Academy, F.C.. I understand that Xolos Soccer Academy does not provide health and/or accident insurance. I assume full and complete responsibility for any and all medical and/or dental bills arising out of my or my child's participation in the Xolos Academy, F.C. sponsored activity, and hereby agree to indemnify and hold harmless Xolos Academy, F.C. and its parties from any and all liability associated with my or my child's participation in clinics/camps.

I insure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

I give permission for Xolos Academy, F.C. and its associates or contracted health care provide to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

Participant's Name (Parent/Guardian if under 18)

Participant's Signature (Parent/Guardian if under 18)

Date