

**Grasshopper Football Club
Injury Waiver Form
Year 2009-10**



Updated 5/18/09

Name of Player _____ DOB _____
Address _____ City _____ Zip _____
Parent/Guardian _____

This form must be signed and read before the participant takes part in any clinics, try-outs, testing, training, or competition. By signing this form, the participant affirms having read it and acknowledges having had sufficient opportunity to have this agreement reviewed by participant's counsel.

Injury Waiver

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations, Grasshopper FC (GFC) and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and GFC accepting registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations, GFC and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I, the parent/guardian of the registrant, a minor, agree with rules of the USYSA, its affiliated organizations, GFC and sponsors, and in particular that the registrant will not be allowed to participate without my providing full medical insurance coverage. I hereby provide medical coverage for the participant with (COMPANY) _____ under POLICY NUMBER _____ and I shall maintain said policy and coverage until the registrant no longer participates in the Programs sponsored by the USYSA, its affiliates or GFC. I hereby further agree that in the event the aforementioned policy is canceled, I shall immediately notify the USYSA and its affiliated organizations and GFC and I shall not permit the registrant to participate in any USYSA or GFC Program. As the parent/guardian of the above named player, I hereby give my 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 life, limb or well being of my dependent.

Please list any Medical Conditions

Parents / Legal Guardians _____ / _____

Signatures _____ / _____

Date _____

Home Phone _____ Alt Phone _____

Email Address _____