



**MANUIA SOCCER CLUB
Waiver and Release**

Participant Name: _____ DOB: ____/____/____

Address: _____ Age: _____ Gender _____

City: _____ State: _____ Zip _____

E-mail: _____

Mother's Name _____ Phone: _____

Father's Name _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medical conditions that staff should be aware of: Yes No

If Yes, please specify _____

Required Equipment

Participants should bring soccer ball, water bottle, shin guards and cleats.

Waiver and Release

I, the undersigned parent/legal guardian of the above-named Participant, a minor ("Participant"), understand and hereby accept the condition that neither Manuia Soccer Club, nor anyone associated with the Manuia Soccer Club Program, will assume any responsibility for injury to the Participant, nor any medical or dental expenses incurred by the Participant as a result of Participant's participation in this program. I certify that Participant is in good health and able to participate in a vigorous physical activity program. I understand that Participant's participation in the program's physical activities is voluntary. I hereby release, indemnify and hold harmless Manuia Soccer Club, Windward Community College and anyone associated with Manuia Soccer Club who is involved with any of this program's activities, from and against all claims, liabilities, damages or causes of action arising out of or in connection with the Participant's participation in the Program, including, without limitation, liability for injuries incurred by Participant while participating in the program. In the event of injury to Participant, I hereby grant permission to Manuia Soccer Club to obtain medical care.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature: _____ Date: _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named Participant, 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 the life, limb or well-being of my dependent.

Signature of Parent/Guardian _____

Address: _____

City _____ State _____ Zip _____

Phone (Home) _____ Cell _____