

| Team Name: | | | | | | | | | | | | | | | | | |
|------------|--------|-----|-------|--------|--------|--------|-----------|----------|-----|-----|-----|-----|------|-----|-----|--|--|
| Session: | Mini-F | all | Fall | Winter | Spring | Sumn | ner (Plea | ase Circ | le) | | | | | | | | |
| Gender: | Male | F | emale | | | | | | | | | | | | | | |
| Age: | U7 | U8 | U9 | U10 | U11 U | 12 U13 | 3 U14 | U15 | U16 | U17 | U18 | U19 | Open | 30+ | 40+ | | |

Waiver Release Form

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the below listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, of the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants not to sue and/or otherwise indemnify Just For Kicks, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all lability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Program. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and also agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referenced to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to p

| # | Player's Name | Address | City | Birthdate | Phone | Email | Player's (18+) Parent/ Guardian Signature | Date |
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| Coach NamePhone | Coach NamePhone | Manager NamePhone |
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| Email | Email | Email |