



SBSC 'U8 Developmental Program

Application / release of liability form

Please complete **ALL** the information below, including parent / guardian's signature

Players First & Last Name _____ Male / Female (please circle)

Players Age _____. Players DOB _____.

Address _____.

City _____ State _____ Zip _____.

Cell Phone (Emergency) _____ Home Phone _____.

Email _____.

Release of Liability and Medical Treatment Consent

I have enrolled the above-named child ("Child") in the SBSC U8 Development Program ("program"). I understand the Child's participation in the program involves exposure to the inherent risks of soccer that cannot be eliminated. I also understand that the Child's participation in the program may involve a potential risk of injury. The risks include but are not limited to those caused by the playing surface, the equipment used, and the actions of other people including but not limited to other participants in the Program. Individually and as the parent or guardian of the Child, **I hereby expressly assume all risks** associated with the Child's participation in the Program including all risks associated with soccer or using equipment intended to improve or enhance the Child's soccer skills. Despite my understanding of the forgoing risks, I, individually and as the parent or legal guardian of the Child, **agree to not sue and to release from liability and to defend, indemnify and hold harmless Santa Barbara Soccer Club**, its Board of Directors and representatives, employees and agents, the California Youth Soccer Association-South, its member leagues, teams, agents, officers, coaches and players for any damage or injury arising out of the Child's participation in the Program regardless of cause, including **negligence**. I understand that the foregoing is a **Liability Release** that is legally binding on me, the Child, our heirs and our legal representative and I sign it of my own free will. I furthermore acknowledge that the foregoing is binding during the 2009-10 soccer season.

Also, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions necessary to preserve life, limb and/or well-being of my Child.

Parent/Legal Guardian signature

Parent/Legal Guardian Name (Print) _____.

Date _____.