

PLAYER PARTICIPATION FORM

Please print. Be sure to fill in **ALL** the blanks. All players and parents **MUST** complete this form before participating in **Premier Soccer Clinics, LLC** activities. Signatures are **REQUIRED** on the bottom of this form prior to participation.

Player Name: _____

DOB: _____ / _____ / _____ Circle One: Male Female

Address: _____

Home Phone: _____

Parent #1 Name: _____ Parent #1 Cell: _____

Parent #1 Email: _____

Parent #2 Name: _____ Parent #2 Cell: _____

Parent #2 Email: _____

Doctor's Name: _____ Phone: _____

Allergies or other medical problems: _____

Consent for Medical Treatment of a Minor: As the parent or legal guardian of the above-named Player, 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: _____ Date: _____

Release Form:

I the Player, or parent/guardian of the minor Player, acknowledges that soccer is an inherently dangerous sport in which the Player participates at his/her own risk. I, for myself and the Player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify (1) U.S. Youth Soccer, its affiliated organizations and its sponsors, (2) the Burlingame Soccer Club, its officers, directors, coaches, team managers, volunteers, agents, representatives and assigns, (3) the San Mateo Unified School District and its subdivisions, the City of Burlingame and all other organizations providing fields for play, including their agents, officers, directors, contractors, employees, representatives and assigns (collectively "Released Parties"), and (4) Premier Soccer Clinics LLC, its officers, directors, coaches, team managers, volunteers, agents, representatives and assigns, from and against all claims, liabilities, damages or causes of action arising out of or in connection with the Player's participation in any and all Premier Soccer Clinics LLC programs. I affirm that the Player is in good physical condition. I understand that the Premier Soccer Clinics LLC does not carry medical insurance for Players participating in Premier Camps, tryouts, practices, friendly scrimmages and other Premier Soccer Clinics LLC sponsored activities, and that I am responsible for the Player's insurance coverage until the Player is officially registered as a Player with the California Youth Soccer Association or US Soccer.

Signature of Parent/Guardian: _____ Date: _____

Participant Confirmation:

Session _____

Camp Dates: _____

Location: _____

Participation Days: (Circle all that apply) FULL WEEK | Mon | Tue | Wed | Thur | Fri

Participation Times:

Focus: (Circle all that apply) STRIKER MID BACK GOALIE

WHAT I WANT TO LEARN ABOUT SOCCER IN THIS SESSION: _____

Please send check, made payable to: **Premier Soccer Clinics LLC** to the following:

Dusko Rosic
228 Bancroft Road
Burlingame, CA 94010

PLEASE COME PREPARED TO PLAY -- SHIN GUARDS, SOCCER SHOES, SHORTS, SWEATSHIRT (in case the weather changes). **ALSO: PLEASE BRING WATER.**

Please feel free to contact us with any questions.

Thank you very much. See you on the field!

Dusko Rosic

Mobile: (650) 218-9871

Email: info@premiersoccerclinics.com

Email: coachduskorosic@gmail.com

Registration Policy: Premier Soccer Clinics, LLC will be glad to apply any unused registration fees to a future program. There is no policy for refunds.

Premier Soccer Clinics LLC