



WINTER FINISHING CLINIC

RELEASE & WAIVER

PLAYER'S NAME		FATHER'S NAME	
ADDRESS		MOTHER'S NAME	
CITY / STATE / ZIP CODE		FATHER'S WORK PHONE	FATHER'S WIRELESS PHONE
BIRTH DATE	HOME PHONE	MOTHER'S WORK PHONE	MOTHER'S WIRELESS PHONE
EMERGENCY CONTACT (IF PARENT OR GUARDIAN CANNOT BE REACHED.)		HOME PHONE	WIRELESS PHONE

This is to certify that the above named player is my dependent and has my permission to participate in the Rush Soccer Club Winter Finishing Clinic program. I am not aware of any physical or health restrictions regarding my dependent's ability to participate. I understand that participation in this sports program could result in injury and I do hereby release on behalf of myself and my dependent, the Rush Soccer Club, Foothills Park and Recreation District, Ken Caryl Ranch Metropolitan District, City of Lakewood, the coaches, referees, and any other individuals or agencies connected in any way with the soccer program from any liability. As the parent or legal guardian of the above-named player, I hereby give my consent for emergency 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. I have read and agree to the RELEASE & WAIVER.

Parent or Guardian's Signature: _____ Date: _____

In the event of an emergency, every effort will be made to contact you.