

Waiver Form 7v7 Girls Soccer League

Summer

2017

Name (first and last): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing address: _____ City: _____ Zip: _____

Grade Participant will be in after Summer _____ Jersey Size (Youth - S - M - L or Adult - S - M - L)?

Skill Level: 1-5 (1 = no sports experience, 5 = very athletic/great at soccer) _____

Participant's Date of Birth _____ How did you hear about this league? _____

Emergency Contact

Name: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Address: _____ City: _____

ACRA SPORTS CODE OF CONDUCT

WHAT WE EXPECT FROM OUR PLAYERS AND SPECTATORS

- PLAY BY THE RULES
- TREAT YOUR OPPONENTS AND TEAMMATES AS YOU WOULD LIKE TO BE TREATED
- PLAY FOR THE "FUN OF IT"
- NEVER ARGUE WITH A REFEREE. IF YOU DISAGREE WITH A RULING, TALK TO YOUR MANAGER WHEN YOU ARE OFF THE FIELD.
- CONTROL YOUR TEMPER. VERBAL ABUSE OF OFFICIALS, ACRA STAFF, OTHER PLAYERS, OR DELIBERATELY DISTRACTING OR PROVOKING AN OPPONENT, IS NOT ACCEPTABLE OR PERMITTED IN ANY SPORT.
- USE NO FOUL OR INAPPROPRIATE LANGUAGE AT ANY TIME.
- BE ON TIME TO ALL GAMES AND LET THE COACH KNOW IF YOU HAVE ANY SCHEDULING CONFLICTS.
- BE A GOOD SPORT AND APPRECIATE ALL GOOD PLAYS WHETHER BY YOUR TEAM OR YOUR OPPONENTS.
- TRY TO WIN WITHOUT BOASTING, LOSE WITHOUT EXCUSES, AND NEVER QUIT.
- KNOW THAT HOW YOU PLAY IS MORE IMPORTANT THAN WINNING OR LOSING.
- NEVER BRING OR DRINK ALCOHOL ANYWHERE NEAR THE FIELD OR COURT.
- EXEMPLIFY GOOD SPORTSMANSHIP.
- ALWAYS ENCOURAGE YOUR FRIEND/FAMILY MEMBER TO PLAY BY THE RULES.
- MAKE ATHLETIC PARTICIPATION A POSITIVE EXPERIENCE FOR YOUR FRIEND/FAMILY MEMBER, HIS/HER TEAMMATES, AND THEIR OPPONENTS.
- NEVER RIDICULE OR SHOUT AT YOUR FRIEND/FAMILY MEMBER OR OTHERS FOR MAKING A MISTAKE OR LOSING A COMPETITION.
- APPLAUD GOOD PLAYS BY YOUR TEAM AND MEMBERS OF THE OPPOSING TEAM.
- WATCH AND ENJOY THE GAME. LET THE PLAYER'S PLAY, THE COACH'S COACH AND THE REFEREEES OFFICIATE.
- **BY SIGNING BELOW YOU AGREE TO FOLLOW THESE RULES AND MAKE SURE YOUR FAMILY AND FRIENDS DO ALSO.**

Waiver/Release of Liability

In consideration of myself and/or the minor child being permitted by the Amador County Recreation Agency ("ACRA") to participate in the above described activity, I, the undersigned, hereby waive, release, and discharge in advance any and all claims for damages for personal injury, death, or property damage which I and/or said minor child may sustain or which may occur as a result of my and/or the minor child's participation in said activity. This release is intended to discharge in advance ACRA, its officers, employees, volunteers, or agents from and against any and all liability arising out of or connected in any way with the participation of myself and/or the minor in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of ACRA, its officers, employees, volunteers, or agents.

I understand that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless I agree to assume all risks of injury and to release and hold harmless ACRA, its officers, employees, volunteers, or agents who through active or passive negligence or carelessness might otherwise be liable to me and/or said minor child. It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of said minor and/or myself, the undersigned.

I further agree to indemnify and to hold ACRA, its officers, employees, volunteers, and agents free and harmless from any loss, liability, damage, cost or expense, including attorneys' fees, associated with or arising from my and/or said minor's participation in the described activity.

I certify that if I am signing on behalf of a minor child, I have custody or am the legal guardian of said minor by court order. I hereby give my consent that in the event said minor requires medical or surgical treatment while under the supervision of said ACRA's recreation personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

I give ACRA permission to photograph myself and/or my child as a participant in an ACRA activity and to reproduce any such image of my child and/or myself. I understand that my/his/her likeness may be reproduced in part or whole for the purpose of on-going program promotion. I release ACRA from any obligation to compensate me, or any party acting on my behalf for the use of the above-mentioned media.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I understand and agree that if I am signing this Agreement on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. I am aware that this is a release of liability and a contract between me and ACRA and I sign it of my free will.

Name (print): _____ Signature: _____ Date: _____

Parent or Guardian Signature (if participant under 18): _____

There is a \$25.00 fee for all returned Checks

Office Use: Check # _____ Date on Check: _____ Cash Amount: _____ Date Received: _____