

USC BIRTHDAY PARTY

WAIVER FORM (ONE PER PLAYER)

PLAYER NAME: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE NUMBER: _____

MEDICAL CONDITIONS OR ALLERGIES: _____

By signing this waiver form, I certify the following:

MEDICAL

Recognizing the possibility of physical injury associated with soccer and in consideration for the individual organization accepting the registrant for its programs and activities, I hereby release, discharge, and/or indemnify the United Soccer Centre (referred to as "Host") its affiliated organizations and sponsors, their employees and associated personnel, including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care provided by an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or 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.

DISCIPLINE

I, as registrant, or in the case of a minor, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of the Host. Failure to do so will result in the registrant being released from the program.

I hereby release, discharge, and/or indemnify the Host, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants failure to abide by the rules of the Host.

MISCELLANEOUS

I understand that any personal information collected on Host forms is collected and intended to be used to enable the Host to deliver its programs to its members. My personal information will be kept secure and will not be shared with anyone other than those individuals charged with administering the Host programs or in cases where disclosure is required to participate in a sanctioned event.

I give my full permission to the Host to use my (and that of the registrant) name, likeness, photographs, videotapes or other recordings of me (and the registrant) that are made during my participation in Host events, for promotional purposes.

PLAYER (IF OVER 18) OR GAURDIAN SIGNATURE: _____



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