



# Central Islip Soccer Club

Function

## WAIVER/RELEASE FORM

In consideration of \_\_\_\_\_, my minor child/ward, being allowed to

(Name of Child)

participate in any way in the Central Islip Soccer program, related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

I realize that soccer is a vigorous physical activity that involves running, jumping, and rotation; violent body contact; rapid directional change.

I understand that participation in soccer involves certain inherent risks and that regardless of the precautions taken by the Central Islip Soccer Club officials or the participants, some injuries may occur. These injuries include but are not limited to:

1. **Sprains, strained muscles**
2. **Broken bones, dislocated joints**
3. **Permanent disability**
4. **Quadriplegia**
5. **Death**

These injuries may result from hazards such as but not limited to:

1. **Running into an opponent**
2. **Stepping on uneven ground**
3. **Running into a goal or other obstruction**
4. **Being struck by another opponent or the ball**

Adhering to the following safety rules may lessen the likelihood of such injuries:

1. **Properly warm up before practices or games**
2. **No "horseplay" or fighting during practices or games**
3. **Wearing personal protective equipment**

I willing agree to comply with the program's stated and customary terms and conditions for participation. In order to properly protect my own child's safety and that of fellow participants, **I agree to follow these rules as well as any others that may be given** by my child's coach, official or any other agent affiliated with the Central Islip Soccer Club . Further, in recognition of the importance of shared responsibility for safety, I will remove my child and immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to the coach, official or agent affiliated with the Central Islip Soccer Club.

I further certify that my child's present level of physical condition is consistent with the demands of active participation in soccer. Following is a complete list of all my child's known health conditions that might affect his/her ability to participate:

\_\_\_\_\_  
\_\_\_\_\_

**I HAVE CAREFULLY READ THE FOREGOING DOCUMENT. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND HAVE THEM ANSWERED. I AM CONFIDENT THAT I FULLY KNOW, UNDERSTAND, AND APPRECIATE THE RISKS INVOLVED IN ACTIVE PARTICIPATION IN SOCCER.**

**HAVING BEEN INFORMED** of the above program to provide games for girls and boys, I, the parent of the above-named registrant, do hereby give my approval of his/her participation in any and all of the activities during the current season. **I ASSUME ALL THE RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES**, and I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, do further **RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS** the Central Islip Soccer Club, the organizers, sponsors, supervisors, volunteers, other participants, advertisers, officials, and, if applicable, owners and lessors of premises used to conduct practices or games, any or all of them. In case of injury to my son/daughter, **I HEREBY WAIVE ALL CLAIMS** against the organizers, the sponsors, or any of the supervisors appointed by them. I am voluntarily requesting permission for my son/daughter to participate.

X \_\_\_\_\_

Signature of parent or guardian

Print name

Date