



## Loudoun Soccer Park: Individual Free Play

<b>Personal Information</b> (All Information MUST be Completed)			
Player Last Name	Player First Name	Player Phone Number	
Street Address			
Apt #	City	State	Zip Code
Parent Last Name		Parent First Name	
Parent Phone Number	Email		

**PLAYER MUST adhere to all Loudoun Soccer Park rules and policy**

### WAIVER OF RELEASE OF LIABILITY & PERMISSION FOR MEDICAL TREATMENT

As the parent/guardian of the registered child, I do hereby grant permission for him/her to participate in unsupervised play at Loudoun Soccer Park. I assume all risks and hazards incidental to such participation and do hereby release and waive any and all claims or actions for damage or injury of whatever kind against Loudoun Soccer/ Loudoun Youth Soccer Association, Inc.; Loudoun Soccer Park, LLC; contractors., instructors, staff, volunteers and/or other participants arising from any activities of this sports program. I agree to be responsible for any damages caused by the actions of my child.

I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that a physician deems necessary for the well-being of this minor.

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Player Signature

Age

Date

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Parent Signature

Date