Culver City Football Club

WAIVER / TRYOUT FORM



Player's Name:	EST. 1990
Current Club/Team:	
Age Group: Birthdate:	
Please fill out the name and contact information of a responsible guardian.	e adult, parent or legal
Name: Phone:	
Relationship to Player:	
E-mail: Cell:	<u> </u>
Emergency Contact Name	
Release The parent/guardian of the registrant, a minor, and the registrant agree. 1. To abide by the rules of Culver City Football Club and its affiliated asponsors. Recognizing the possibility of physical injury associated with consideration for Culver City Football Club accepting the registrant for activities (the "Programs"), 2. I hereby release, discharge and/or otherwise indemnify and hold in Football Club and its affiliated organizations and sponsors, volunteer associated personnel, including the owners of fields and facilities utility against any claim or written demand by or on behalf of the registrant registrant's participation in the Programs and/or being transported to transportation I hereby authorize. 3. To hereby give my consent for emergency medical care prescribed of Medicine or Doctor of Dentistry. This care may be given under what necessary to preserve the life, limb or my well-being. 4. To hereby give my consent to Culver City Football Club to take phorecordings, and/or sound recordings in documenting the activities of programs and services. I grant Culver City Football Club and their affethe negatives, prints, motion pictures, video/audio tapings, or any other contents.	organizations and th soccer and in or its soccer programs and armless Culver City s, their employees and zed for the Programs, as a result of the or from the same, which I by a duly licensed Doctor atever conditions are otographs, video Culver City Football Club iliate's permission to use er reproduction of the
programs and services. I grant Culver City Football Club and their aff	iliate's permission to e er reproduction of the