



WAIVER OF LIABILITY AND DISCLAIMER & INDIVIDUAL REGISTRATION FORM
PLEASE PRINT CLEARLY!

Player's Name (print) _____ Team Name _____
Home phone (____) _____ Work phone (____) _____
Address _____ Date of Birth: _____
City _____ Zip _____

I/we (parents or guardian if applicable) hereby give my/our consent and agree to release, indemnify and hold harmless the Capo Arena Soccer, Capo Sports Rink, The City of San Juan Capistrano, Capistrano Unified School District and all personnel, including officials, staff, representatives and owners, from any claim arising out of any injury to the named individual. I understand the hardness of the playing surfaces and dasher boards, the different & unique playing characteristics of artificial turf. I grant Capo Arena Soccer the right to photograph or video the player's participation in soccer activities and to use the photographs or video in future brochures, and or commercials.

GUARANTEE OF COMPLIANCE TO RULES OF CAPO ARENA SOCCER

In the event of any dispute arising between the undersigned and CAS, the undersigned agrees to comply with all of CAS rules and policies and allows CAS to impose restrictions and or penalties as a result of noncompliance with CAS rules and policies. Copies of the rules and policies are available at the request of the undersigned.

EMERGENCY AUTHORIZATION

I/we the undersigned, parents or guardian of the participant, a minor, do hereby authorize the coaches, assistants, staff, or parents of team members acting in capacity of activity supervisors, as Agents for the undersigned do hereby consent to medical, surgical or dental examination or treatment, etc. In case of emergency, I/we hereby authorize treatment and/or care of registered player in ANY hospital and by any medical physician. If there is an emergency and I/we cannot be reached, please contact:

EMERGENCY CONTACT (FRIEND OR RELATIVE NOT LIVING WITH YOU)

Name _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

Allergies/Medications _____

Health Insurance Co. Name _____

Policy no. _____

AUTHORIZATION OF EMERGENCY CARE, ACKNOWLEDGMENT OF DISCLAIMER, AND GUARANTEE OF COMPLIANCE TO RULES OF CAS

Signature of Parent _____ **Date** _____