



PLAYER NAME: _____

DATE OF BIRTH: _____

EMERGENCY PHONE NUMBER: _____

I hereby voluntarily permit my child to participate in the following Hawks S.C. program:

_____ Player Evaluation (May 23-27, 2016) _____

I understand and fully accept that soccer is a contact sport and that there are risks involved in sports, and that accidents and injuries are common and are ordinary occurrences. Additionally, I certify that my child does not have any conditions that will increase his/her likelihood of experiencing injuries while engaging in this activity. By signing this agreement, I agree to hold Hawks Soccer Club and its Coaches entirely free from any liability, including financial responsibility for injuries incurred, regardless of their cause.

NAME OF PARENT: _____

SIGNATURE OF PARENT: _____
(OR PLAYER SIGNATURE IF > 18 YEARS OF AGE)