



# Premier Soccer Training

## PARTICIPANT INFORMATION

Full Name of Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## MEDICAL INFORMATION AND EMERGENCY CONTACT

Does the player have any existing medical conditions (e.g., asthma, allergies, previous injuries)?

☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

Does the player require any special medication during training or events?

☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

Allergies (e.g., food, environmental)?

☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

## **GENERAL WAIVER AND RELEASE OF LIABILITY**

I, the undersigned, as the legal parent or guardian of the above-named participant, hereby acknowledge and understand the inherent risks associated with participation in soccer training activities organized by Premier Soccer Training. By signing this form, I agree to release and hold harmless Premier Soccer Training, its directors, officers, employees, coaches, volunteers, and agents from any and all liability, claims, demands, or causes of action for any injury, illness, or accident, including death, that may arise from participation in these activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONSENT TO TRAVEL AND TRANSPORT**

I, the undersigned, consent to the transportation of the player by Premier Soccer Training or its authorized representatives for off-site activities such as tournaments, camps, or events. I understand that my child will be supervised at all times during such events, and that I will be notified in the case of any transportation arrangements or changes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CODE OF CONDUCT ACKNOWLEDGEMENT**

I have read, understand, and agree to the Code of Conduct for players participating in Premier Soccer Training's programs. I acknowledge that failure to adhere to these guidelines may result in disciplinary action, including suspension or termination from the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PHOTO AND VIDEO RELEASE**

I hereby grant Premier Soccer Training permission to take photographs, videos, and/or audio recordings of the player for use in promotional materials, on the Company's website, and across social media platforms. This includes, but is not limited to, the Company's official website, social media accounts (including Facebook, Instagram, Twitter, YouTube, TikTok, etc.), advertisements, brochures, and other promotional materials. These images, videos, and/or recordings may be shared with and viewed by the public, including, but not limited to, current and potential clients, partners, and fans of the Company.

I understand that these materials may be publicly distributed, and that Premier Soccer Training is under no obligation to use the media and may, at its discretion, choose not to utilize any specific content. Furthermore, I acknowledge that the player will not receive financial compensation, royalties, or any other monetary benefits from the use of their image, video, or likeness in any media as described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT OF RISK AND MEDICAL CONSENT**

I acknowledge that soccer training and related activities involve risks of injury and that I have been informed of those risks. In the event of an injury or medical emergency, I grant permission for Premier Soccer Training or its staff to seek medical treatment for the player. I understand that I will be responsible for any medical costs incurred due to treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE AND HEALTH COVERAGE**

I confirm that the player has health insurance coverage and that I am responsible for any medical expenses incurred due to an injury sustained during training or related activities.

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTACT INFORMATION**

If you have any questions regarding this form or the training program, please contact us:

PREMIER SOCCER TRAINING  
+1(443) 336 - 5281  
admin@premiersoccertraining.us  
www.premiersoccertraining.us

**PARENT/GUARDIAN SIGNATURE**

I, the undersigned, have read and understood all terms and conditions, including risks, consent to travel, medical release, and other waivers. I confirm that the information provided is accurate and complete to the best of my knowledge.

Parent/Guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLAYER SIGNATURE (if over 18)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_