

# KOTA SOCCER TRAINING 2024-2025 TRAINING YEAR Player Information, Medical Treatment Authorization, Liability Waiver/Release and Consent Form

To be retained by the **KOTA SOCCER** member organization for at least five (5) years or until the player's 18<sup>th</sup> birthday, whichever occurs last.

**Member Organization / Club Name:**

**State:**

**Player information:**

Full name: Birth Date: Gender: Female Male

Street address: City:

State: ZIP Code: Email address (for adult player only):

Allergies:

Other medical conditions:

Physician: Phone #1: ( ) Phone #2: ( )

Medical/Hospital Insurance Company: Phone #: ( )

Policy Holder's Name: Policy Number:

**To be completed for non-adult players:**

Parent/Guardian #1 Name: Phone #1: ( ) Phone #1 Type:

Email Address: Phone #2: ( ) Phone #2 Type:

Parent/Guardian #2 Name: Phone #1: ( ) Phone #1 Type:

Email Address: Phone #2: ( ) Phone #2 Type:

**In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:**

Name: Phone #1: ( ) Phone #2: ( )

Name: Phone #1: ( ) Phone #2: ( )

In signing below, I hereby consent to the above-named member organization/club registration for lessons, camps, clinics for, me or my child or guardian, as applicable, with **Kota Soccer Training**.

**Medical Treatment Authorization and Liability Waiver/Release:** I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above with medical assistance and/or treatment and agree to be financially responsible

for the cost of such assistance and/or treatment. I understand treatment for injury will be based, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all KOTA Soccer programs without restriction or condition. **To the maximum extent permitted by law, I hereby agree to release, waive, hold and indemnify the member organization, KOTA SOCCER TRAINING, its agents, contractors and sponsors, KOTA SOCCER TRAINING and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in KOTA Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.**

**Privacy Policy & Terms of Use:** I acknowledge and agree that I have read, understand and agree to KOTA SOCCER TRAINING's Privacy Policy & Terms of Use (collectively, the "Policy"). The Policy describes KOTA Soccer Training practices for collecting, maintaining, protecting and disclosing player information. In signing below, you agree on your own behalf or on behalf of your child or guardian, as applicable, to the provisions of the Policy.

**AGREED AND ACCEPTED:** I hereby agree and accept all terms and conditions set forth in this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form.

\_\_\_\_\_  
Signature of player (if an adult) or parent/guardian (if player is a minor)

\_\_\_\_\_  
Relation to player (if applicable)

\_\_\_\_\_  
Printed name of signee

\_\_\_\_\_  
Date

**IMPORTANT NOTICE:** ALL PLAYERS, PARENTS AND GUARDIANS ARE BOUND BY AND MUST COMPLY WITH ALL KOTA SOCCER TRAINING POLICIES AND RULES WHICH CAN BE FOUND ON THE KOTA SOCCER WEBSITE. A copy of this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form can be HELD WITH KOTA SOCCER TRAINING.