

Mommertz Soccer Academy and Elite Sports Performance Liability Waiver 2009-2010 Winter Training Camp

PLAYER INFORMATION

Player's Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 E-mail address: _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Work Phone (____) _____
 Mother's Name _____ Home Phone (____) _____ Work Phone (____) _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home Phone (____) _____ Work Phone (____) _____

MEDICAL INFORMATION — *Please copy both sides of your medical insurance card & attach to this form...*

Allergies _____
 Other medical conditions _____
 Injuries in the past 12 months _____
 Player's Physician _____ Home Phone (____) _____ Work Phone (____) _____
 Medical and/or Hospital Insurance Company _____ Phone (____) _____
 Policy Holder _____ Policy # _____ Group # _____

WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of and as a condition of the above listed player's (the "Player") acceptance and participation in the Mommertz Soccer Academy and Elite Sports Performance Training Program (the "Program") and recognizing the possibility of physical injury associated with soccer and performance training, I hereby for the Player and myself, our heirs, executors and administrators, waive and release, discharge and/or otherwise indemnify the Program and its associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of myself or the Player resulting from the Player's participation in the Program that is now existing or hereafter may exist for damage or injury to the Player, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with the Player's participation in the Program. I further agree to indemnify and to hold the Program (including its associated personnel) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or the Player may cause or sustain while participating in the Program. I further agree that this waiver, release and assumption of risks shall be binding on the heirs and assigns of the undersigned and the Player. I understand that medical insurance coverage is necessary and required for the Player's participation in the Program, and that adequate coverage is the responsibility of the parent or guardian of the Player.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE PROGRAM AND SIGN IT OF MY OWN FREE WILL.

_____	_____	_____
(Parents Printed name)	(Parents Signature)	(Date)
_____	_____	_____
(Player's Printed name)	(Player's Signature)	(Date)

Sworn to and subscribed before me this _____ day of _____, 200__
 _____ My commission expires _____

Mail liability waiver to: Mommertz Soccer Academy
 Attention: Pre-Tryout / Summer Training
 2846 Thornhill Road, Apt 51-B
 Birmingham, AL 35213
 205-948-3838

Please make checks payable: Mommertz Soccer Academy
 Attention: 2009-2010 Winter Training Camp
 *Include Player's Name on Check

Payment Amt. Received:	_____
Date Received:	_____
Cash or Check:	_____
Check #:	_____