

## Keystone Soccer Academy Players Pledge

**Circle one: U9 U10 U11 U12 U13 U14 U15 U16 U17 U18    Circle one: Boys    Girls**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Family e-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's e-mail address \_\_\_\_\_

Mother (Cell) Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's e-mail address \_\_\_\_\_

Father (Cell) Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

I, \_\_\_\_\_, by signing this form, indicate my intent to be a rostered member of Keystone Soccer Academy for 20\_\_/20\_\_ season. I understand by signing this form that I am committing to train/ practice/ play, premier/ cup soccer for Keystone and cannot associate in any way with any and all competing organizations for the duration of the this contract.

I pledge that Keystone Soccer Academy will be my primary athletic priority, except where school or family activities **over which I have no control** interfere.

I understand that Keystone Soccer Academy is an organization that strongly believes in development first, and that through development success will come. I further realize that I am expected to attend all practices, games and tournaments and that my presence at these team events positively impacts not just my own development but that of my teammates as well. Therefore I am also making a commitment to the other members of this team and their families that I will make every effort to attend all practices, games and tournaments.

I will always represent myself, my family and Keystone Soccer Academy positively, by showing respect for myself, my teammates, my coaches, the referees, and my opponents.

**Parent/ Guardian Signature (Required):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Players Signature (Required):** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Keystone Soccer Academy

### "Notice of Release"

I am (We are) the parent(s)/guardian(s) of the named minor child/player (PLAYER) listed on this form, in consideration for the PLAYER to be a participant in any and all activities directly and/ or indirectly involving Keystone Soccer Academy. I (We) have read and fully understand the following:

a. The sponsored activity, soccer, is an active contact sport that entails certain athletic risks and hazards that can cause injuries to the named PLAYER.

b. No physical examination to determine the general health and well-being of the PLAYER has been requested by Keystone Soccer Academy. Any such examination is the sole responsibility of the parent(s)/guardian(s).

c. Keystone Soccer Academy does NOT insure said PLAYER under any accident, medical, or liability insurance program and has no responsibility to do so.

d. Secondary insurance coverage is provided with player registration through US Club soccer.

### I (We) agree:

a. The player is authorized to fully participate in all activities of the Academy, including but not limited to practices, games, and associated travel.

b. The PLAYER has no known previous or existing injuries physical or mental condition or incapacities that would increase the normal risk and hazards incidental to participation in the Academy and hereby release Keystone Soccer Academy and any of its authorized personnel from any liabilities and damages arising out of injuries incurred by the named PLAYER.

c. To assume all risks and hazards incidental to PLAYER participation in the program and hereby release Keystone Soccer Academy and any of its authorized personnel from any liabilities and damages arising out of injuries incurred by the PLAYER.

d. Any insurance provided by or for the parent(s)/guardian(s) shall be considered primary to the full amount of that insurance coverage to the extent any injury sustained by the PLAYER is covered by such insurance and, in the event Keystone Soccer Academy provides such insurance, it shall be secondary to the full amount of the insurance provided by or for the parent(s)/guardian(s).

By signing below,

I (We) give Keystone Soccer Academy authorized personnel (e.g. coaches) my (our) consent for emergency medical treatment for the above PLAYER in the event of my (our) absence at the time of injury.

I have read and agree to the "Notice of Release" as stated on this form and hereby warrant information on this registration is accurate and factual.

**Player's Name (Print):** \_\_\_\_\_

**Parent/ Guardian Signature (Required):** \_\_\_\_\_

**Date:** \_\_\_\_\_