



AC Cugini

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Travel Team Tryout & Release Form

Please complete & submit to coach at first practice

Player's name _____ Date of birth _____

Street address _____ City _____ Zipcode _____

Home telephone _____ Email address _____

Mother's name _____ Cell# _____

Father's name _____ Cell # _____

Known medical issues, allergies _____

Medical Release & Liability Waiver

Must be signed and dated by player's parent or guardian

As parent/guardian of player named on this registration, I certify that above player is covered by medical insurance and is in excellent health and has no physical, mental, or emotional problem likely to prevent participation in strenuous activities/athletics. I hereby give my approval for above player to participate in all activities of AC Cugini Soccer, including but not limited to practices, games, tournaments, camps, clinics, and any other activity associated with AC Cugini. I assume all risks and hazards incidental to the conduct of soccer-related activities including transportation to and from all AC Cugini-related activities. I further hereby release, indemnify, and agree to hold harmless AC Cugini and its officers, directors, agents, sponsors, volunteers, and other staff from any claim, suit, demand, or action arising out of injury to above player. I hereby give consent for emergency medical care prescribed by a duly-licensed Doctor of Medicine or Doctor of Dentistry and certify that I have read, understand, and accept this waiver and release. I understand this is a release of liability and that I give up substantial rights by signing it, and sign it voluntarily.

Parent/Guardian Name _____

Signature of Parent/ Guardian _____ **Date** _____