

LIABILITY AND CONDUCT FORM

Player's name: _____

Age Group/League: _____ Coach: _____

(PLEASE PRINT)

I hereby give my approval for the above-named player to participate in Burke Athletic Club's soccer program. I certify that the above-named player is in good health and that there is no physical or emotional reason prohibiting his/her participation in the program.

I realize that soccer is a sport, and, as such, may result in injury to a player. I assume all risks inherent in, and incidental to, the above-named player's participation in the program. Further, I release, absolve, indemnify, and hold harmless Burke Athletic Club, its officers, organizers, coaches, participants, and any soccer field on which the program plays or practices from any claim arising out of any injury to said player.

I hereby expressly authorize and request Burke Athletic Club to use their best judgment in any emergency or injury to my child requiring paraprofessional or professional medical attention or treatment in the event I am not available or cannot be reached. I will not be at all practices and games. Therefore, I will complete the attached "Authorization for Emergency Treatment" and give it to the coach at the start of the season. I understand that if I do not complete the attached form, I must be at each practice and game in case my child requires emergency medical treatment.

I realize that all players are absolutely required to wear shin guards and, if wearing glasses, a safety strap. I accept full responsibility for assuring that the above-named player complies with this requirement.

I understand that Burke Athletic Club is a nonprofit organization operated by volunteers for the benefit of young people. I promise to treat the directors, officers, league directors, age group coordinators, referees, coaching staff, team mother, team manager, other volunteers, and all participants, with appropriate courtesy and respect. I realize that any violations of proper conduct may result in the above-named player being dismissed from the soccer program without refund of fees.

I will volunteer my services and help in any way I can to make the soccer program an enjoyable, educational and athletic experience for all participants.

Signature (Parent or Guardian)

Date

Printed Name of Person Signing Above