



Cleveland Futbol Club

Player Information Form



Player Name: _____ Birthdate: ____/____/____

Jersey #: _____ Player Address: _____

Team: _____

Coach: _____

Grade (2015/2016) _____ High School Team (if applicable): _____

Club Experience: _____

Mother Name: _____	Father Name: _____
Mother Address (If different from above): _____	Father Address (If different from above): _____
Mother Cell #: _____	Father Cell #: _____
Mother Email: _____	Father Email: _____

Please initial and sign below:

_____ I acknowledge, agree, and represent that I understand the nature of participating in club soccer and that as guardian of above participant, state that they are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will discontinue further participation in the Activity.

_____ I agree that accidents can be the result of the nature of the activity and can occur without fault on the part of the participant or the program supervisors at Cleveland Futbol Club. By registering to participate in the program, I am accepting the risk of an accident occurring. I understand that the program may expose participants to elements of risk, and accidents may occur while participating in the program. Cleveland Futbol Club will take necessary and appropriate safety precautions and will attempt to minimize any associated risks.

_____ I hereby agree to waive any and all claims that I have or may have in the future against Cleveland Futbol Club, and to release the club, its governors, officers, employees, students and representatives, any individuals connected with CFC, from any and all liability for any loss, damage, injury, or expense that I may suffer as a result of voluntary participation in the program. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

_____ I grant to the Cleveland Futbol Club (CFC), the right to take photographs of my child and/or family in connection with Club experiences at practice, games, or other CFC related events. The undersigned further hereby permits and authorizes the Club and its agents, sponsors and others acting on its behalf, to use, reproduce and/or publish photographs and/or video that may pertain to my child/children, including their image, likeness and/or voice, without compensation. I understand that this material may be in various publications, public relations, or marketing releases, recruiting materials or for other endeavors specifically related to promotion of soccer. This material may also appear on the Club's internet website, Facebook page, Twitter or other club related social media. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Club may publish materials, use my child's/children's' name, photograph and/or make reference to my child/children in any manner that the Club deems appropriate in order to promote or publicize itself and its endeavors in relation to soccer in the Northeast Ohio area and elsewhere.

Signature of Parent/Guardian _____ Date _____