



**SOCCER DOMINATION ACADEMY MEMBERS
RELEASE OF LIABILITY FORM**
(Please complete and include with your initial academy payment)

First Name: _____ **Last Name:** _____

Birth Date: _____

Gender: Male/Female **Email:** _____

Phone: _____ **Cell:** _____ **Phone 2:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Club Team Name: _____ **Age:** _____

Medical Conditions/Allergies: (Please Explain) _____

Recent Injuries and/or Surgeries: (Please Explain) _____

Emergency Contact: (Name and Phone #) _____

Parent/Guardian Information (Name and Phone #) _____

Release of Liability: Soccer Domination urges all participants to obtain a physical examination from a doctor prior to exercise. By submitting this form, I confirm that I have read this release of liability and that I agree that as the parent/guardian, I submit that the participant is in good health and I give my permission for him/her to participate in a vigorous athletic training program. Player has no previous sickness, illness, disease or bodily injury that is contradictory to participation. I understand that Jason Leonard and Soccer Domination or any of its trainers or staff is not responsible for any physical injury that may occur during the course of training activities.

I hereby release, hold harmless, discharge and agree not to sue Jason Leonard and or Soccer Domination or its coaches, employees, or its volunteers. I understand Soccer Domination retains the right to use for publicity and advertising photographs/videos and images taken of participants. In the event that a player is injured, Soccer Domination or one of its staff members has permission for such medical procedures if deemed necessary.

I have read this release of liability and confirm that I understand that this serves as a medical release.

Print Name: _____

Signature: _____ **Date:** _____

Relationship to player: _____