



PLAYER PARTICIPATION FORM

Please print and fill in **ALL** blanks. All players & parents **MUST** complete this form before participating in PSV Union Football Club activities. Signatures are **REQUIRED** on the bottom of this form prior to participation.

PLAYER INFORMATION

Player Name: _____

Birth Date: _____ Age: _____ Gender (x): _____ Male _____ Female

Address: _____

Parents' Names: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Contact Phone: _____

Release Form:

I the Player, or parent/guardian of the minor Player, acknowledge that soccer is an inherently dangerous sport in which the Player participates at his/her own risk. I, for myself and the Player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify(1) U.S. Youth Soccer, its affiliated organizations and its sponsors, (2) the PSV Union Football Club, its officers, directors, coaches, team managers, volunteers, agents, representatives and assigns, (3) the Palo Alto Unified School District and its subdivisions, the City of Palo Alto and all other organizations providing fields for play, including their agents, officers, directors, contractors, employees, representatives and assigns (collectively "Released Parties"), from and against all claims, liabilities, damages or causes of action arising out of or in connection with the Player's participation in any and all PSV Union Football Club programs. I affirm that the Player is in good physical condition. I understand that the PSV Union Football Club does not carry medical insurance for Players participating in tryouts, practices, friendly scrimmages and other PSV Union Football Club sponsored activities, and that I am responsible for the Player's insurance coverage until the Player is officially registered as a Player with the California Youth Soccer Association or US Club Soccer.

X _____

Date: _____

Signature of Parent/Guardian/Player Over 18 Years of Age

PSV UNION FOOTBALL CLUB
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