



Ventura County Fusion

Youth Soccer Academy Tryouts

Participant's First Name: _____ MI: ____ Last: _____

Date of Birth: ____ / ____ / ____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for the Ventura County Fusion accepting the player for its soccer program ("Program"), I hereby release, discharge and/or otherwise indemnify Ventura County Fusion, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the player as a result of the player's participation in the Program. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I hereby give my consent to Ventura County Fusion to take photographs, video recordings, and/or sound recordings of the above named player in documenting the activities of Ventura County Fusion programs. I grant Ventura County Fusion permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.

Signature of Parent: _____

Date: _____