

# Player Information and Liability Waiver

Player name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ **Team Name:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

I hereby release, discharge, and/or otherwise hold harmless Soccer Enterprises LLC, Lea County, and the Lea County Event Center, its employees and associated personnel, including contract staff, county employees, and its commissioners. Included in this will be the facility itself being used against any claims by or on behalf of the registrant as a result of the registrant's participation in the program.

As a parent/guardian of the above named player, I hereby consent for emergency medical care prescribed by a duly licensed doctor of medicine. This I hereby give my approval and consent to both statements.

Name: \_\_\_\_\_

Please Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***EACH PLAYER MUST HAVE THIS FORMED FILLED OUT AND SIGNED BEFORE BEING ALLOWED TO PLAY.***

***(If Under 18, please have parent or guardian sign the form.)***

**PLEASE LIST WHICH TEAM THE PARTICIPANT PLAYS FOR.**