



Sonoma County Alliance
5430 Commerce Blvd. Suite J
Rohnert Park, CA 94928
www.scasoccer.com

2011/2012 Player Information Sheet

Name: _____
Last First Middle Initial

Date of Birth: _____ Last Club Level: _____

Phone: _____
Home Father Cell Mother Cell

Email Addresses: _____
Father Mother

Positions you have played: _____

List any physical issues or limitations we should be aware of: _____

Liability Release, Waiver and Indemnification

In consideration of Sonoma County Alliance (hereinafter "SCA") accepting the registration and participation of Player in SCA, Player and his/her Parent/Guardian, on behalf of Player, Player's heirs, next of kin, personal representatives, and/or assigns, promise not to sue or bring any action against SCA, its affiliated companies, or any of their members, officers, directors, employees, volunteers, sponsors, independent contractors or agents, and release each of them from all liability in connection with all claims for (1) personal injury or illness (including death) and (2) damage to, or loss or theft of, property (including but not limited to personal items, cars and money). Arising from Player's registration and participation in SCA. This release shall include, but not be limited to: receipt of medical care or treatment for any physical or mental condition; use of facilities, services, premises and equipment; exposure to inclement weather; and Player's negligence, willful misconduct, criminal behavior or involvement in accidents. Player and Parent/Guardian also agree to indemnify and hold harmless SCA and its affiliated companies, officers, directors, employees, volunteers, sponsors, independent contractors and agents, from all claims and amounts related to legal and other action brought against SCA for damages caused by Player and to reimburse SCA for any expenses incurred for claims brought against SCA as a result of Player's registration and participation in SCA, to the extent those damages are attributable to the gross negligence or willful conduct of Player.

Consent for Medical Treatment

As the Parent/Guardian of Player, I hereby give 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.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____