

BEAUTIFUL GAME SOCCER ACADEMY WAIVERS AND MEDICAL INFORMATION FORM



PLAYER'S NAME _____ AGE (on 1st day of Program) _____

GRADE (entering Fall 2019) _____ PARENT PHONE _____

PARENT NAME _____ PARENT EMAIL _____

SESSION(S) ATTENDING – please circle all sessions your child will be attending

Residential Program 8/11 – 8/15

RELEASE FROM PROGRAM

Please list any individuals other than yourself (and their relationship) to which we have permission to release your child. We reserve the right to check photo ID of any individual picking up your child from program. Please inform individuals that they should have photo ID available if requested.

Name _____ Relationship _____

EMERGENCY CONTACT

Name _____

Primary Phone _____

Alt. Phone _____

ASSUMPTION OF RISK & RELEASE OF LIABILITY

I agree for my child, in consideration for my child's participation in **The BEAUTIFUL GAME SOCCER ACADEMY** (*henceforth referred to as the program*) to the following:

Assumption of the Risk: I understand that the activities in which my child _____ (Print Name) will engage in while participating in the program indicated above involve in here and other risks.

Injury, illness or death from accidents of any nature whatsoever, including but not limited to, bodily injury of any nature, whether severe or not, which may occur as a result of participating in an activity or contact with physical surroundings or other persons; arising from travel by car, bus or any other means.

I acknowledge that aspects of the program may be strenuous and dangerous and require a certain degree of physical condition, ability, maturity, and skill. I acknowledge that I am solely responsible for determining my child's suitability to participate in the program. My child has the requisite skills, qualifications, physical and mental ability, and training necessary to properly and safely participate in the program. My child shares responsibility for his/her safety and will follow instructions, make reasonable decisions, and act responsibly. The Beautiful Game L.L.C., Brewster Academy and the program cannot ensure my child's safety and does not seek to eliminate all of the risks of the activities. I choose to allow my child to participate and observe the activities despite all risks. **I assume all inherent and other risks and accept responsibility for any property damage and loss, and for any personal injury, illness, disability, emotional distress, and death that my child may suffer, whether described above or not.**

I expressly agree and promise to accept and assume all of the risks existing in this activity. My child's participation in the program is purely voluntary, and I elect to have my child participate in spite of the risks.

Waiver and Release: I hereby release The Beautiful Game LLC, Brewster Academy, the program, its successors or assigns, trustees, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes or action, obligations, debts, costs, expenses, attorneys' fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in anyway connected my child's participation in the program and/or any Harm to my child and for any Harm caused by my child to others, even if the Harm resulted, directly or indirectly, from the negligence of The Beautiful Game LLC, Brewster Academy and the program. I agree to expressly assume all risks to my child, including risks resulting from the negligence of The Beautiful Game LLC, Brewster Academy and the program.

Hold Harmless and Indemnification: I hereby agree to indemnify, release and hold harmless, release The Beautiful Game LLC, Brewster Academy and the program, its successors or assigns, trustees, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims, losses and liabilities, costs, including reasonable attorney's fees, related in any way to or arising out of my child's participation in this program.

Severability and Choice of Law: If any portion of this Agreement is found to be invalid, the offending portion shall be stricken, and the remainder shall remain in full force and effect. I hereby agree that jurisdiction for any action pertaining to this liability release shall lie exclusively in Plymouth County, State of Massachusetts and shall be governed exclusively by the laws of the State of Massachusetts without reference to conflict of law provisions.

I have read this Agreement, I understand its contents and I sign it voluntarily. I understand that this Agreement will be binding on me, my family members, my heirs, assigns, executors, representatives, and estate.

Parent or Legal Guardian (if participant is under 18 years of age)

I hereby warrant that I have legal authority to act on my child's behalf. I agree to the above terms and conditions for myself and on behalf of my child.

IN THE EVENT OF AN EMERGENCY requiring medical attention beyond first aid, I hereby grant permission to physician or hospital personnel designated by The Beautiful Game LLC, Brewster Academy and the program and/or its authorized employee representative to act for me in an emergency or other circumstance requiring any medical treatment or attention on behalf of said minor child without any further permission from the undersigned. This consent and authorization shall include, but not be limited to, obtaining necessary hospital, medical, surgical, dental, optical, pharmaceutical, and any related care for said minor child and to sign any authorization therefore including admissions and/or discharges from any hospital or other care facility.

I further authorize The Beautiful Game LLC, Brewster Academy and the program and/or its authorized employee representative to execute any and all other documents regarding the medical treatment of said minor child. I have read and fully understand the above release/permission statement.

Parent/Guardian Signature _____ Date _____

GENERAL INFORMATION

- 1) Is there any further information we need to know OR that would be helpful to ensure your child's time at The Beautiful Game Soccer Academy is happy & productive?

- 2) Are there any other players your child would like to Room with at The Beautiful Game Soccer Academy?

To the best of my knowledge, the above information is current and correct.

Signature of Parent/Guardian _____

Date _____

Please return both the Health and Information Forms no later than June 21st to:
The Beautiful Game SA, P.O. Box 442, Hanson, MA 02341

BEAUTIFUL GAME SOCCER ACADEMY MEDICAL FORM



PARTICIPANT'S NAME _____

HEALTH HISTORY – Please circle. If additional space needed, please use reverse side.

- Chronic/recurring illness/Hospitalization NO YES, explain _____
- Surgery (other than tonsils) NO YES, explain _____
- Injuries treated by MD NO YES, explain _____
- Heat exhaustion/stroke NO YES, explain _____
- Dizziness, fainting, convulsions NO YES, explain _____
- Problems with blood pressure NO YES, explain _____
- Problems with heart murmurs NO YES, explain _____
- Bone/joint injury/sprains/dislocations NO YES, explain _____
- Allergies NO YES, explain _____
- Medications NO YES, explain _____

I have reviewed the Beautiful Game Soccer Academy's description including any available eligibility criteria and all requirements for participation. Upon this review, I certify that my child:

_____ Can safely participate in the program with no restrictions/accommodations

_____ Can safely participate in the program with the following restriction(s):

_____ (please attach additional sheet if necessary)

_____ Is unable to safely participate in the program

A Beautiful Game Soccer Academy program staff member will follow up if restrictions and accommodations are being requested. Please note that further information may be required.

IMMUNIZATIONS

Please list the most recent date that your child received the following immunizations.

Immunization	Date
DPT and/or TD	
Polio	
MMR (measles/mumps/rubella)	
HIB (haemophilus B)	
HEP B (hepatitis B)	
Tetanus (next due age 15)	

Insurance Company Name _____

Policy Number _____ Group Number _____

To the best of my knowledge, the above information is current and correct.

Signature of Parent/Guardian _____

Date _____



BEAUTIFUL GAME SOCCER ACADEMY SUMMER PROGRAMS
PHOTO/LIKENESS RELEASE AND PERMISSION TO USE CREATIVE WORKS

PHOTO/LIKENESS RELEASE

I hereby grant the BEAUTIFUL GAME SOCCER ACADEMY, their successors and assigns (collectively referred to as "BGSA"), irrevocable permission to record and use my child's name (usually first name only) and image, visual likeness, portrait, photograph, and voice (collectively referred to as "likeness") in all forms and media, including but not limited to publications, catalogs, brochures, websites, magazines, exhibitions, videos, digital media, social media such as Facebook, Twitter and Instagram, or any other media, for the purpose of education, marketing, advertising, communication, public relations, publicity, training or any other lawful purpose. I hereby waive any right to payment, compensation or royalties arising out of or related to the use of my child's likeness by BGSA.

PERMISSION TO USE CREATIVE WORKS

I understand that in the course of my child's participation in the program, my child may create writings, objects, art, text, photographs, music, voice, performances, projects and other scientific, academic, artistic or other creative work (collectively referred to as "Creative Works").

I hereby grant to the BEAUTIFUL GAME SOCCER ACADEMY and this program its successors and assigns (collectively referred to as BGSA) irrevocable permission to use, re-use, copy, reproduce, distribute, publicly perform, modify and/or display (collectively referred to as "use") in whole or in part my child's Creative Works in any format including electronic and print media. Permitted use includes, but is not limited to, use of Creative Works perpetually and in any manner, and made available to the public, including, without limitation, incorporating Creative Works into publications, catalogs, brochures, websites, magazines, exhibitions, digital media, social media, such as Facebook, Twitter and Instagram, or any other media, for the purpose of education, marketing, advertising, communication, public relations, publicity, training or any other lawful purpose.

The permission hereby granted is non-exclusive, irrevocable and royalty free and does not preclude other uses of the Creative Works by my child. I understand that my child retain all other copyrights in the Creative Works. Any right to payment, compensation or royalties arising out of or related to BGSA's use of my child's Creative Works is waived.

RELEASE

I hereby release BGSA, its trustees, officers, directors, agents and employees from any and all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have read and understand this Photo/Likeness Release and Permission to Use Creative Works and hereby agree to its terms.

Signature of Participant or Parent/Legal
Guardian if Participant is under 18

Date

Print Name

Print Name of Youth Participant