



PLAYER TRIAL FORM

Player's Name: _____

FIRST NAME

SECOND NAME

_____ DATE OF BIRTH _____

FAMILY NAME

Phones _____ (Mother) _____ (Father)

_____ (Player) _____ (Other contact)

@ Email _____ (Mother)

_____ (Father)

_____ (Player)

Address _____

City _____ ZIP _____

Gender _____ Parent/ Guardian Names _____

Do you have medical insurance? Yes - No (Parent/Guardian assumes risk & responsibility)

INFORMED CONSENT/INSURANCE NOTICE/ PHOTOGRAPHIC CONSENT

INSURANCE NOTICE: All injuries must be reported within 30 days of the date of injury. Parents/guardians are responsible for all medical costs incurred that are not covered by private and/or CLUB ITALIA SOCCER LLC insurance. **CLUB ITALIA SOCCER LLC** is not responsible.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of **CLUB ITALIA SOCCER LLC**.

My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation. **PHOTOGRAPHIC CONSENT:** I hereby consent to and authorize the use and reproduction by **CLUB ITALIA SOCCER LLC (Bologna FC 1909 Academy Florida)** or anyone authorized by **CLUB ITALIA SOCCER LLC (Bologna FC 1909 Academy Florida)**, of any and all photographs that have been taken of me and/or my child(ren) for any purpose, without compensation to me. **CLUB ITALIA SOCCER LLC (Bologna FC 1909 Academy Florida)** reserves the right to use these photographs in any of its print or electronic publications.

Parent/Guardian SIGNATURE

Date



Player Medical Release Form

Player's Name: _____

FIRST NAME

SECOND NAME

_____ DATE OF BIRTH _____

FAMILY NAME

In an emergency, when parents cannot be reached, please contact:

NAME _____

PHONE _____

Allergies: _____

Other Medical Conditions: _____

Medical and/or Hospital Insurance Company: _____

Phone _____

Policy Holder: _____

Policy # _____ Group _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for CLUB ITALIA SOCCER LLC accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CLUB ITALIA SOCCER LLC, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. For information regarding insurance coverage provided by CLUB ITALIA SOCCER LLC, it is possible to request the liability certificate with all the coverage details at info@bfcacademyflorida.com

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parent/Guardian SIGNATURE

Date