

**Cherry Hill F.C. / Vaccaro Soccer H.S. Readiness Camp  
WAIVER OF LIABILITY AND MEDICAL RELEASE**

(One of these must be completed and properly signed for each player on the roster and handed in at registration/check-in before playing in the league.)

PLAYER NAME:

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Does player have any specific medical conditions that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Waiver of Liability:

I am aware that during my participation and attendance in the Vaccaro Soccer H.S. Readiness Camp and its related activities, Vaccaro Soccer and Cherry Hill FC will be providing various facilities and arrangements, and that certain risk and dangers may occur, including but not limited to: hazards inherent in the sport in which I will be training, preparing and competing; negligence or other careless acts and dangerous conditions of facilities and grounds.

In consideration of the acceptance of my entry, and the right to participate, I do hereby assume all of the above risks, waive and release any and all claims of causes of action of any kind and nature which I may now or hereafter have against Vaccaro Soccer and Cherry Hill FC. The terms hereof shall serve as a release, waiver, and assumption of risk for my heirs, executors, and administrators, and for all members of my family, including minors accompanying me.

Consent to Medical Treatment:

Additionally, in consideration and acceptance of my entry and the right to participate in related activities, I consent to receive and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then deemed by the league organizers.

Parent/Guardian of Participant:

I consent and agree to the above on my child's behalf, to release, waiver and assume all the risks of any claims or causes of action which my child or I may now or hereafter have against each of the organizers and individuals listed above, and I consent to allow my child to receive emergency medical treatment as deemed necessary and appropriate.

**Player Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_