

IRVINE HARVEST CUP – INFORMATION & CONSENT FORM

Instructions: Fill out form and return to your coach when completed. **(deadline: Wednesday, October 17, 2018)**

PLEASE PRINT

Name of School _____

PLAYER'S LAST NAME

PLAYER'S FIRST NAME

(MALE / FEMALE)

DOB (D/M/YY)

GENDER

GRADE

AGE

TEACHER

ADDRESS

STREET

APT.#

CITY

ZIP

()

HOME PHONE NUMBER

E-MAIL ADDRESS

EMERGENCY INFORMATION

Father's Name:

() Business Phone #

() Pager or Cell Phone #

Mother's Name:

() Business Phone #

() Pager or Cell Phone #

Stepparent/Guardian

() Business Phone #

() Pager or Cell Phone #

On behalf of (Player's Name), _____ my minor child, I hereby apply for his/her participation in the Irvine Harvest Cup and to induce the Irvine Harvest Cup to accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as soccer; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation. In short, my child is active, in good health, and anxious to play soccer.

I do hereby agree and consent to my child's participation in the Irvine Harvest Cup on October 19th, 20th & 21st 2018, and assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify, and hold harmless the Irvine Harvest Cup, SoCal Elite Sports Inc., The Irvine Public Schools Foundation, and, the Irvine Unified School District (IUSD) and their officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors of any and all liability of damage, injury, or expense of any kind arising out of, or connected with, my child's participation in the Irvine Harvest Cup.

Participation in competitive athletics may result in serious injury. It is impossible to completely eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly.

EVEN IF ALL THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR.

I acknowledge that I have read this consent form and knowingly, on behalf of my child, assume all the risks associated with participation in any way in the Irvine Harvest Cup event.

Date: _____ Name of Participant: _____ Parent Signature: _____

Special notations regarding medical history: _____
If the above person needs emergency medical treatment and neither a parent nor the family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

I have read and understand the above information.

Parent OR Guardian Signature: _____ Date: _____