

SOUTH BAY PENINSULA SOCCER LEAGUE

P.O. BOX 1070

Torrance, California 90505

WWW.SBPSL.COM

“Celebrating over 30 years in the South Bay”

PLAYER RELEASE FORM

Last Name Initial First Name Birthdate (MM/DD/YY)

Address City Zip

Home Phone Work Phone Drivers License # or Passport #

Email Address Occupation

TEAM#: _____ TEAM NAME: _____

I, _____, am as of this date _____ years of age and desire to be a player in the game of soccer on a team affiliated with the South Bay Peninsula Soccer League (“SBPSL”).

CONSENT FOR MEDICAL TREATMENT

As a player/participant, I hereby give my 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 myself.

PARTICIPATION CONSENT

I, as a participant, agree that I will abide by the rules of the SBPSL, a recreational soccer organization. Recognizing the possibility of physical injury associated with various athletic programs, I hereby release, discharge, and/or otherwise indemnify the SBPSL, its affiliated organizations and facilities utilized for the programs, against any claim by/or on my behalf of as a result of my participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

It is my intent by signing below to exempt and relieve the organizers, conference, league, local team, coaches, managers, team players, referees, sponsors, supervisors, participants, persons transporting players to and from league activities and any other person or organization affiliated with the league’s activities, from any and all claims arising out of personal injury to or the wrongful death of myself caused by negligence.

I understand that the League and/or its delegate may verify my age (at the League’s expense) by obtaining applicable records from by the State Department of Motor Vehicles or other applicable government source. My signature below grants the League and/or its delegate such permission. Any information received will be used strictly for verification purposes and will not be shared with any third parties.

I agree to abide by the League Rules and understand that failure to comply with the League Rules may result in action including but not limited to fines and permanent suspension from League play.

I hereby acknowledge that I have read this form and understand its provisions.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS FORM.

Signature: _____ Today’s Date: _____