

TRAINING AUTHORIZATION AND WAIVER FORM



**International
Academy**
Michigan

Player and Parent/Legal Guardian: Full completion of this form is required for a player to train with Liverpool FC International Academy - Windsor. Submit the completed form in-person or in-advance to: Roberto.Mazza@LiverpoolFCAmerica.com. If you have any questions, please contact us.

PART I: PLAYER AND PARENT PERSONAL INFORMATION

Player Sex: ☐ Male ☐ Female Date of First Training Session (MM/DD/YY): _____

Player Full Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (Province/State) (Postal Code/Zip)

Player Date of Birth: _____ - _____ - _____ Player Phone: _____
Month Day Year

Player Email: _____

Parent Phone: _____ Parent Email: _____

PART II: EMERGENCY CONTACT

Name: _____ Relationship to Player: _____
(Last) (First)

Home Phone: _____ Cell Phone: _____

PART III: PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

The player's safety is our primary concern. To ensure that you (the player) are physically ready to train with Liverpool FC International Academy, please read the following questions and check YES or NO.

YES	NO	QUESTIONNAIRE
		1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of any other reason why you should not do physical activity? <i>If yes, please explain:</i>

If you answered YES to any of the above questions, then physical activity may be a dangerous activity for you at this time. In consideration of the physical readiness questionnaire, I, the participant and parent/guardian if participant is under 18, certify that all questions were answered truthfully and that the participant is medically cleared to participate in physical activity with Liverpool FC International Academy.

Name of Participant: _____ Signature: _____ Date: _____
(Please Print)

Name of Parent: _____ Signature: _____ Date: _____
(Please Print)

PART IV: CONSENT

Liverpool FC International Academy uses photographs and videos from training sessions, games and events for its website content and marketing materials. By your signature below, you consent to your athlete's name, image or likeness being used in this material.

Name of Parent: _____ Signature: _____ Date: _____
(Please Print)

PART V: AUTHORIZATION AND WAIVER OF LIABILITY

I authorize my child to participate in this soccer training program being offered by Liverpool FC International Academy (the "Academy"). I understand that my child's participation in this Academy is completely voluntary, and I have familiarized myself with the activities which are part of the Academy. I understand that there is a risk of injury by participating in this Academy, and I agree to assume the risk and/or allow my child to assume the risk of injury, even if arising from the negligence of the Academy or others.

In consideration of Liverpool FC International Academy accepting and permitting my child to participate in this program, I understand and agree that the Academy, its officers, staff, agents, employees, and any volunteers, will not be liable for any injury, death or damage, including property damage, to my child and/or anyone claiming on my or my child's behalf. I further agree to hold harmless, indemnify, and defend the Academy, its officers, staff, agents, employees, and volunteers, for and from any and all liability, claims, losses, injuries, illness, or death to me or my child, or property damage during the time of my child's participation in this program.

A parent or legal guardian must sign below acknowledging he/she has read, understands, and agrees to all parts above.

Name of Participant: _____ Participant Date of Birth (MM/DD/YYYY): _____
(Please Print)

Name of Parent: _____ Signature: _____ Date: _____
(Please Print)

Thank you for taking the time to complete this form. Please check the form to ensure all fields are complete.
Please bring it with you to training OR email it to Roberto.Mazza@LiverpoolFCAmerica.com.

FOR OFFICIAL USE ONLY

Data Entry Complete: _____

Notes: _____