

NEW YORK METROPOLITAN



SOCCER SHOWCASE

PLAYER WAIVER FORM

Completion of this form is required by **ALL** persons participating in any sponsored game and competition by New York Metropolitan Showcase.

Name: _____ School/Club: _____

Age: _____ Class: **Junior** **Senior** **Transfer** (*please circle*)

Phone Number: _____ Alt. Tele #: _____

Address: _____

E-mail: _____

Contact Name: _____ Phone #: _____

We are aware that soccer is a contact sport and playing soccer involves risk. We understand that the dangers and risks of playing or practicing soccer include, but are not limited to death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health, and well-being. We understand that the dangers and risks of playing soccer may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the danger of participating in the above sport, we recognize the importance of following rules and regulations established by the **New York Metropolitan College Showcase**, and agree to obey such rules, regulations, and instructions.

We acknowledge that me are in good physical condition and do not know of any condition or reason that we should not participate in soccer.

WE RECOGNIZE AND ACKNOWLEDGE THAT NEW YORK METROPOLITAN COLLEGE SHOWCASE DO NOT CARRY ANY TYPE OF ACCIDENT OR HEALTH INSURANCE POLICY ON THE PARTICIPANTS. WE ALSO REALIZE THAT SPORTS INJURIES CAN BE CATASTROPHIC FOR THOSE WITHOUT PROPER MEDICAL COVERAGE.

We hereby recognize and assume all the risks associated with playing soccer in the league and release the **New York Metropolitan College Showcase**, its employees, agent representatives, and volunteers harmless from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney's fees, or demands of any kind of nature whatsoever which may arise or in connection with my participation. The terms hereof serve as a release and assumption of risk for players, their heirs, estate, executor, administrator, assignees, and for all members of the players' family.

Player's Signature

Print Name

____/____/____
Date

Parent's Signature

Print Name

____/____/____
Date

NEW YORK METROPOLITAN



SOCCER SHOWCASE

PLAYER PROFILE

Name: _____

Date of Birth: _____ Height _____ Weight _____

College: _____

Position: (1) _____ (2) _____ (3) _____

High School: _____

Position: (1) _____ (2) _____ (3) _____

Club: _____

Years Played: _____ League: _____

Club: _____

Years Played: _____ League: _____

Club: _____

Years Played: _____ League: _____

Club: _____

Years Played: _____ League: _____

Individual Awards:

Year _____ Team _____ Award _____

Year _____ Team _____ Award _____

Year _____ Team _____ Award _____

Year _____ Team _____ Award _____

Team Accomplishments:

Year _____ Team _____

Year _____ Team _____

Year _____ Team _____

Year _____ Team _____

Other

