

ADULT PLAYER INSURANCE WAIVER

League Name **NPSL**

Club Name **NAPLES UNITED FC**

Team Name **NAPLES UNITED FC**

City **NAPLES**

State **FL**

I hereby consent to the above-named club registering me with Naples United FC. [Note: it will no be necessary to complete this form again as long as I am with the same club or team unless the information below changes].

Player's Signature _____

Date _____

PLAYER'S INFORMATION

Player's Name: _____

Birthdate: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: () _____

Cell Phone: () _____

Driver's License # _____

State: _____

E-mail: _____

Please list any Allergies: _____

In an emergency, please contact the following:

Name: _____

Home Phone: _____

Cell Phone: _____

LIABILITY WAIVER, RELEASE, AND INFEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and vulnerability accept and assume this risk as part of my playing soccer for the above-named soccer organization.

I hereby release, discharge, and otherwise indemnify my club and team, Naples United FC, their sponsors, the USSF and its affiliated organizations, against my claim by or on my behalf, as a result of my participation in the Naples United FC programs and competitions.

I understand that my organization has chosen to cover me with optional secondary accident medical insurance, but the coverage is not effective until a medical roster with player information has been submitted, and the insurance premium has been paid. I understand I am also covered with the same liability insurance coverage afforded all other members of, and players and staff registered with, Naples United FC.

Player Signature _____

Date _____