

**Fall Season 2022**  
**Loudoun Homeschool Soccer Club**

- |   |
|---|
| <input type="checkbox"/> New Family       |
| <input type="checkbox"/> Returning Family |
| <input type="checkbox"/> Fee paid _____   |
| <input type="checkbox"/> Fee waived _____ |
| <input type="checkbox"/> Recv'd by _____  |

**1. General Registration Information**

Last Name \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email (for soccer announcements) \_\_\_\_\_

Cell Phone (for parent that will be at soccer) \_\_\_\_\_

Other phone (if needed) \_\_\_\_\_

Child's Name	Age	Birthdate (mm/dd/yy)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**End of Season Cupcakes** will be one per player. We are able to provide a limited number of Gluten-free treats.

Number of gluten free players in your family \_\_\_\_\_

Please check here if you do not need cupcakes \_\_\_\_\_

**Special request** for team placement. (Please understand if we are unable to honor your request.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteering:** Our club runs on volunteers. We need the help of every parent. Please advise the area you would most like to help. We will do our best to accommodate your preference:

Coach \_\_\_\_\_ Name tags \_\_\_\_\_ Field Mom \_\_\_\_\_ Equipment Keeper \_\_\_\_\_ Cupcakes \_\_\_\_\_

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**2. Liability Waiver and Informed Medical Consent**

I, \_\_\_\_\_, understand that Loudoun Homeschool Soccer Club, as well as the organizers and coaches, are in no way liable for any injuries received by my child/children from participation in this sport. I also agree not to hold any other person liable for injuries received by my child/children while engaging in soccer sponsored by Loudoun Homeschool Soccer Club at any time during the soccer season.

**Acknowledgement of Risk and Waiver of Liability**

In consideration of being allowed to participate in Homeschool Soccer, the undersigned acknowledges that:

1. The risk of injury and/or illness from the activities involved in the program is real.
2. The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with COVID-19 does exist and it is impossible to eliminate the risk that I, my family, or my children, could become infected through contact with or close proximity to an infected person.
3. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others and assume full responsibility for my family's participation;
4. I release and hold harmless the County of Loudoun, the Loudoun Homeschool Soccer Club, its volunteer board and the coaches with respect to any and all injury or illness to myself, my family or my child, whether arising from the negligence of others or otherwise.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Children's names and birthdates: \_\_\_\_\_

\_\_\_\_\_

Any medical problems or allergies your child has:

\_\_\_\_\_

As the parent/guardian of the above children, I hereby grant permission for him/her to participate in all activities of the Loudoun Homeschool Soccer Club program. My child and I are aware that participating in soccer activities is potentially hazardous. I assume all risks associated with the participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other reasonable risks associated with the sport. All such risks to my child are known and understood by me. I further grant permission for emergency first aid to be given to this child and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that a physician deems necessary for the well-being of these children.

Parent/Guardian Signature and Date \_\_\_\_\_

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**3. Parent and Player Code of Conduct Agreement**

We, \_\_\_\_\_, (parents' names) agree:

- to check email and soccer webpage for **weekly updates** and promptly respond as requested
- that one parent will be at the field during soccer as this is not a drop-off program
- to arrive on-time and be ready to begin promptly at 1:50 for the consideration of others.

**Parents and Players please read and agree to the statements below.**

I understand that homeschool soccer club is about sportsmanship and character.

All participants will treat one another with respect and loving kindness. Any person not behaving in a God-honoring way will be asked to sit out the remainder of the practice/game and be given one chance to correct his/her behavior. If the behavior reoccurs, then he/she will be asked to leave the team for the rest of the season and will not receive a refund. Any complaints or concerns must be brought to the attention of the coach immediately.

There will be a zero-tolerance for inappropriate, rude or un-sportsman-like conduct or language.

As the parent, I, not the coach, am responsible for the direct supervision of my children at all times.

To ensure everyone's safety, all shin guards, cleats and no jewelry policies will be strictly enforced.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Player 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Player 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Player 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Player 4 Signature \_\_\_\_\_ Date \_\_\_\_\_

Player 5 Signature \_\_\_\_\_ Date \_\_\_\_\_