



Kicks Soccer Program, Inc.

Permission to Tryout/Train with a Kicks Team

I _____ attest that my child _____
is NOT currently registered with another team/club affiliated with FYSA.

If your child IS affiliated with another team/club affiliated with FYSA, you MUST obtain permission from your child's coach in writing including their signature and date prior to any contact with a Kicks team.

Hold Harmless Agreement

My child is NOT affiliated with another team and will be participating in a tryout/training, I understand and acknowledge that my child will be engaging in athletic and related activities as a member of the Kicks Soccer Program, Inc., which activities may be dangerous and which may result in physical injury to my child. I understand and acknowledge that injuries sustained by my child may be serious in nature and may result in medical or surgical treatment. I am fully aware of the risks associated with these activities and with that knowledge, I hereby allow my child to participate in all such athletic and related activities and voluntarily assume said risks on behalf of my minor child.

I further hereby release and agree to indemnify and hold harmless Kicks Soccer Program, Inc., its, officers, directors, coaches, volunteers, employees and agents, from and for any and all liability for all losses, injuries, medical expenses, damages of any nature, form or description, and expenses (including reasonable attorneys' fees and costs at all stages of any legal proceeding including, but not limited to, trial, appellate, and post-judgment proceedings), for any injuries or damages sustained by my child as a result of, or in any way arising out of, his/her participation in the Kicks Soccer Program, Inc., which losses, injuries, medical expenses, damages, and expenses exceed any available insurance coverage which may be available to my child through the Kicks Soccer Program, Inc., Florida Youth Soccer Association, Palm Beach County, City of Palm Beach Gardens, any other private or governmental entity, or any personal policy of insurance insuring my child.

This release and hold harmless agreement does not apply to, nor shall it inure to the benefit of, any individual or entity that is not specifically associated with the Kicks Soccer Program, Inc. as described above, who's negligence or intentional acts have resulted in injuries or damages to my child.

By _____
Parent/ Legal Guardian of _____
_____, a minor

_____ Date