

KICKOFF SOCCER PROGRAM: PARENTAL CONSENT & SAFETY WAIVER

Location: 24915 Mineral Springs Cir, Stone Ridge, VA 20105 Season: 2026

1. PARTICIPANT INFORMATION

Player Name: _____

DOB: (mm/dd/yyyy)____

Parent/Guardian Name:

Emergency Contact #1 (Name & Phone):

Emergency Contact #2 (Name & Phone):

2. CONSENT TO SAFETY PROTOCOLS

By initialing each point below, I, the parent/guardian, acknowledge and agree to the following safety measures implemented by Kickoff staff:

- ___ **FIRST AID & EMERGENCY CARE:** I authorize Kickoff staff/volunteers to administer basic first aid from provided kits. In the event of a serious injury or medical emergency, I authorize staff to call 911 and contact the emergency numbers listed above. I understand I am responsible for any costs associated with medical transport or treatment.
- ___ **WEATHER SAFETY:** I understand that Kickoff leads will monitor weather conditions. I agree to support the coach's decision to pause or cancel play due to lightning, heavy rain, or extreme heat in accordance with safety guidelines.
- ___ **TRAINED SUPERVISION:** I acknowledge that all Kickoff staff and volunteers have undergone child protection and safety training to ensure a secure environment for all players.
- ___ **CONCUSSION PROTOCOL:** I have read (or will read prior to play) the concussion information provided. I agree to the protocol: **"If in doubt, sit them out."** If a concussion is suspected, the player will be removed from play and cannot return without written medical clearance.

3. LIABILITY WAIVER & RELEASE

PLEASE READ CAREFULLY: In consideration of my child being allowed to participate in the Kickoff Soccer pickup program, I hereby:

1. **Acknowledge the Risks:** Understand that soccer is a physical sport involving risks of injury, including but not limited to sprains, fractures, concussions, or exposure to communicable diseases.
 2. **Assumption of Risk:** Voluntarily assume all risks associated with my child's participation.
 3. **Release of Liability:** To the fullest extent permitted by Virginia law, release, waive, and discharge the Kickoff Soccer program, its staff, volunteers, and the property owners of the fields from any and all claims, damages, or liabilities arising out of any injury or loss sustained during the program.
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4. MEDICAL INFORMATION (OPTIONAL)

Please list any allergies (e.g., bee stings, latex) or medical conditions staff should be aware of:

5. SIGNATURE

I represent that I am the parent or legal guardian of the minor named above and have the legal authority to sign this agreement. I have read this form in its entirety and understand that I am giving up certain legal rights by signing it.

Parent/Guardian Signature: _____

Date:(mm/dd/yyyy)_____