



Tri-City Football Club
SCO-1 Sector 68, Mohali
+91 90414 60130
tricityconnectpvt@gmail.com



ACCIDENT WAIVER AND RELEASE OF LIABILITY

(To be signed by players who have completed 18 years of age,
Or by parents/guardians if player is below 18 years)

Please read this form carefully!!! This legal agreement is binding. As a player undergoing coaching/training, and participating in the events of Tri-City Football Club (TFC), the undersigned acknowledges and consents to the terms below mentioned:

1. I, _____ / my son/daughter, _____, hereby acknowledge that I am aware of the hazards associated with playing or learning soccer and hereby agree that I will be solely responsible for any injury/accident occurring during the course of my training, playing, or participation in any event conducted/organized/participated by TFC.
2. I acknowledge that TFC, its Directors, officers, trainers, coaches, volunteers, employees, participants sponsors, facilitators, or representatives of the organization are not in any manner responsible for any damage, injury, loss of any kind suffered by me during the course of my association with TFC or as a consequence of my association with TFC.
3. I acknowledge that while playing or while undergoing training/playing, I may get fatigued, sustain injuries, or suffer accidental injury, anxiety, or trauma for which I will not hold TFC liable in any manner
4. I agree to accept financial responsibility for the costs related to any emergency treatment, that would occur as a result of any injury or trauma suffered while/after playing and I will be solely responsible to pay, or cover through my insurance or by any other means, any medical or hospital expenses, doctor bills, or other expenses that could be incurred as a result of treatment given to me/the player for illness or injury while attending or subsequent to attending TFC 's practices, games, or other events so conducted or organized by TFC.
5. I hereby authorize the TFC staff to act for me according to their best discretion as the situation warrants, in the event of any emergency requiring medical attention, including authorization for treatment at a hospital / doctor's office, and I will be solely liable for the costs incurred thereof.
6. I consent / agree to assume all risks associated with playing, training, coaching, or participation in any event, and to be solely responsible for any injury, loss, or damage arising there from, and will not hold TFC liable.
7. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to liability arising from the negligence or fault of TFC, its Directors, officers, trainers, Coaches, volunteers, employees, participants, sponsors, facilitators, or representatives of the organization and all others

involved, for any personal injury, loss or damage to property, death, or consequence of any kind that may occur to me as a result of my association with TFC. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the aforesaid persons from any and all liabilities or claims made as a result of my association as a player with TFC, whether caused by the negligence of release or otherwise.

DECLARATION AS TO MEDICAL FITNESS

I certify that I am physically fit and medically competent enough to be trained for the game or participation in any activity conducted by TFC, and have no health related reasons which would disqualify me as a player.

PERMISSION TO PHOTOGRAPH AND/OR VIDEO

I give consent for myself/my child, as a participant in Tri-City Football activities, to be in photos and/or videos made at practices, weekly matches, or other events. I further understand that these images may be used in promoting TFC, either in print, social media, or Tri-City Connect's website, and I hereby give my permission in full understanding.

ACKNOWLEDGEMENT

I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and a contract, and I sign it of my own free will.

Player's Printed Name _____

Player's Signature _____ Date: _____

Custodial parent or Legal Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date: _____



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Registration & Medical/Liability Waiver Form

Player Name: _____
 (First) (Middle) (Last)

Address: _____

Date of Birth: _____ Age: _____

School/College _____ Standard: _____

Home Phone: _____ Player Cell Phone: _____

Favorite Football Position: _____ Years of Football Played: _____

How did you hear about Tri-City Football Club? (Circle one):
 Friend/Family Facebook Instagram Website

Parent Name (father): _____ Cell Phone: _____

Parent Name (mother): _____ Cell Phone: _____

**In an emergency when parent/guardian cannot be reached, please provide other contact:
 Name: _____ Number: _____

** Does your child have any medical condition(s) and or allergies? YES NO (Please circle)
 If yes, please explain:

Recognizing the possibility of injury or illness, and in consideration for Tri-City Connect accepting my son/daughter as a player in the football programs, I consent to my son/daughter participating in the Tri-City Football Club. Further, I hereby release, discharge, and otherwise indemnify Tri-City Connect/Tri-City Football Club, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the games and/or practices against any claim by or on behalf of my player son/daughter. Because of my son's/daughter's participation in the club and/or being transported to or from the club activities, I hereby authorize the transportation of my son/daughter to or from events, as necessary.

I have provided written notice, which is submitted in conjunction with this release, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the club. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the cost of any such assistance and/or treatment.

Parent Signature: _____ Date: _____

Parent Printed Name: _____



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Tri-City Football Code of Conduct

We, the Parents/Guardians/Players of Tri-City Football, promise to abide by the following **Code of Conduct**; to be a model spectator at all games in which our football team and players participate, as well as at games where youth players are present.

By signing this Code of Conduct, I acknowledge that I will:

- ✓ Encourage fair play.
 - ✓ Avoid negative or harsh criticism of any player's or team's performance.
 - ✓ Show respect for the opponents: players, coaches, and spectators.
 - ✓ Encourage positive cheering from the sidelines for all players on the field.
 - ✓ Abstain from criticizing the game Officials or undermining their authority.
 - ✓ Display good sportsmanship as a positive example for all players.
 - ✓ Create a positive environment in which the teams can play, learn, and have fun.
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- I understand that I not only represent my Team, but also my community and TCF, and I will conduct myself according to the standards presented in this Club Code of Conduct.
 - I understand the Coach, Manager, players, and parents/relatives of the team will hold me accountable for my actions and behavior.
 - I further understand that a TFC representative, game Official or Team representative may monitor my behavior or the behavior of my team or sidelines at any time and may take appropriate action to uphold the Code of Conduct.

By signing this document, I affirm that I have read the Tri-City Football Policies and Procedures, and that I will uphold and promote them at all times.

Printed Name of Player _____

Signature of Player _____ Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____