



INFORMED CONSENT DASOVIC- NEIL COACHING

I hereby give permission for my child or ward _____ (print name), referred to in this document as the "Player", to participate in the following:

Dasovic-Neil Coaching Training Programs

These are individualized (training is individualized, but athletes still participate in small groups) or group training program for the purposes of evaluating and improving soccer athletes' soccer specific physical movements, technical skills, and soccer specific decision making abilities.

As with any athletic endeavors there are inherent risks to training for soccer. Dasovic-Neil Coaching sessions involve the repetitious, high intensity application of physical movements, often while training with a ball and/or other athletes. The nature of these movements and training for soccer, which is a contact sport, means that athletes are exposed to the risk of (but not limited to): soft tissue and joint injuries, head injuries, paralysis, traumatic injury or death caused by the actions or inactions of self or other players, equipment failure, allergic reaction, cold related injuries, heat related injuries, extreme weather, food/water contamination, and the possibility that your child may not heed safety instructions or restrictions given to the group.

By signing this form you acknowledge that you have read and understand that the inherent risks involved in the Dasovic-Neil Coaching Training Programs and soccer training in general and give your permission for the Player to participate in all the activities of the program.

In addition you recognize and accept that the Dasovic-Neil Coaching staff does not accept any responsibility for the Player outside of the on-field activities of the sessions. All travel to and from the session location and all supervision outside of Program's on-field session for the Player are solely your responsibility and not the responsibility of Dasovic-Neil Coaching or its staff.

You also understand and agree that:

1. The physical demands of this particular Program require that the Player is medically, physically, and emotionally fit and fully able to participate in the activities. The Program's instructors reserve the right to refuse your child's participation in any activity if they deem that he/she is not fit to participate.
2. The Program and its instructors reserve the right to refuse the Player's participation in any activity if she/he is deemed to be a hazard to themselves or other participants.
3. The Program prohibits the use of alcohol and illegal drugs at all times. Alcohol and drugs may impair the Player's judgment and performance with serious consequence. The Player will be removed from the program if drugs and alcohol are deemed to have been possessed or used.
4. You have read and are satisfied that you fully understand this Form have signed it as your own free act.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE TYPES OF ACTIVITIES MY CHILD WILL BE PARTICIPATING IN AND THE ASSOCIATED RISKS OF THOSE ACTIVITIES.

Signature of Parent / Guardian

Signature of Player

Print Name

Print Name

Date

Date

Relationship to Player

ALL ATTENDEES ARE REQUIRED TO HAVE A COMPLETED FORM AND HANDED IT IN PRIOR TO PARTICIPATING IN ANY OF THE DASOVIC-NEIL COACHING PROGRAMS. PLEASE HAND IN THE COMPLETED CONSENT FORMS WHEN CHECKING IN DURING YOUR FIRST SESSION.

ATHLETES WHO ARRIVE FOR THEIR FIRST SESSION, BUT HAVE NOT COMPLETED THIS FORM WILL NOT BE ALLOWED TO PARTICIPATE, BUT WILL BE CHARGED THE FULL RATE FOR THAT SESSION.