



Smith County Soccer

Participant Registration, Waiver & Medical Release

2026-27 season | YWAM Lindale trial period, Nov 2026 - May 2027 | One form per child

TEMPLATE - have this reviewed by a Texas attorney or your insurer before use. It is not legal advice and has not been reviewed yet.

Who's who in this form: "Smith County Soccer" means Erling Johnsen, a sole proprietor doing business as Smith County Soccer, with its coaches and volunteers. "YWAM Lindale" means Youth With A Mission Lindale, the host and owner of the fields and premises, with its staff and volunteers. "I" means the parent or legal guardian signing below.

1. Participant

Player's full name	Date of birth (MM/DD/YYYY)	Gender
Program and age group (e.g. Academy U8)	School and grade	Shirt size
Home address, city, ZIP		

2. Parents / guardians and emergency contacts

Parent/guardian 1: name and relationship	Mobile phone	Email
Parent/guardian 2: name and relationship	Mobile phone	Email
Emergency contact 1 (not a parent): name and relationship	Phone	Other phone
Emergency contact 2: name and relationship	Phone	Other phone

3. Medical information (kept private, shared only with coaches who need it)

Allergies (food, insect stings, medicine) and reaction	Medical conditions (asthma, diabetes, seizures, heart, other)
Medications, including inhaler or EpiPen the player brings to sessions	Doctor's name and phone
Health insurance company and policy # (optional)	Anything else coaches should know (injuries, needs)

4. Program notices

Smith County Soccer is a youth sports instruction program. **It is not a licensed child-care program** and is not licensed or inspected by the State of Texas. For **Soccer Start (U3-U5)**, a parent or guardian must stay on site for the whole session. For all players, a parent or guardian is responsible for drop-off and pick-up on time.

5. Assumption of risk

Soccer is a physical, active sport. I understand that it carries risks of injury, including collisions, falls, sprains, strains, broken bones, cuts, eye and dental injuries, **concussions and other head injuries**, heat illness, and, rarely, serious injury or death. Other risks include weather and lightning, uneven or wet field conditions, goals and equipment, and the actions of other players, spectators or visitors. My child takes part voluntarily. I **knowingly accept these risks** for my child and for myself when I attend.

Initials: _____

6. Release of liability and indemnity (please read carefully)

To the fullest extent allowed by Texas law, I **RELEASE, WAIVE AND DISCHARGE SMITH COUNTY SOCCER (ERLING JOHNSEN, SOLE PROPRIETOR, DBA SMITH COUNTY SOCCER) AND YWAM LINDALE, AND THEIR OWNERS, STAFF, COACHES AND VOLUNTEERS** (the "Released Parties"), from any and all claims for injury, illness, death or property loss that arise from my child's participation or from use of the YWAM Lindale fields and premises, **INCLUDING CLAIMS CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES**. This release does not cover gross negligence or intentional misconduct. I agree **not to sue** the Released Parties for released claims, and I agree to **indemnify (repay) and hold them harmless** for any released claim brought on my child's behalf. YWAM Lindale is a host and premises owner only. It does not run or supervise this program.

Initials: _____

7. Medical treatment authorization

If my child is injured or ill and I cannot be reached right away, I authorize Smith County Soccer coaches to give basic first aid, call 911, and arrange for emergency medical care and transport. I authorize licensed medical providers to examine and treat my child as needed. **I am responsible for all medical costs.** Smith County Soccer does not promise any insurance coverage for participants.

Initials: _____

8. Concussion awareness (Texas)

I have read concussion information, such as the CDC HEADS UP fact sheet for parents ([cdc.gov/headsup/](https://www.cdc.gov/headsup/)), and I will review it with my child. I understand that signs include headache, dizziness, confusion, nausea, blurred vision, memory problems and changes in mood or behavior. **A player with a suspected concussion will be removed from play and will not return that day.** They may return only after **written clearance from a licensed health care professional.** I will tell the coach about any concussion my child has had, in or out of soccer.

Initials: _____

9. Photo and media release (optional, choose one)

☐ **YES**, Smith County Soccer may use photos and video of my child from sessions and events on its website, social media and flyers. No full names are posted without separate permission. ☐ **NO**, please do not use my child's image.

10. Code of conduct

I have read this Code of Conduct and will review it with my child. **Players:** respect coaches, teammates, opponents and referees, play fair, and follow safety rules. **Parents:** cheer positively, leave coaching to the coaches, and respect YWAM Lindale's property and rules. Coaches communicate with players through or with a parent copied. Serious or repeated violations may lead to removal from the program, without a refund.

Initials: _____

11. Payment terms

\$80 per month per player per program, charged by **automatic monthly payment (autopay)** on the [] of each month, starting at registration. **To cancel**, tell us in writing (email or text) at least [] **days before your next billing date.** Your enrollment then ends after the month you've already paid for. **No refunds or credits for missed sessions.** **Weather:** sessions may be cancelled for lightning, extreme heat, unsafe fields or YWAM closures. We'll post notice as early as we can, offer a make-up session when possible, and give no refunds for weather cancellations. Knights Quest entries, tournament fees and uniforms are separate. Prices may change with 30 days' notice.

Initials: _____

12. Signatures

By signing, I confirm that I am the parent or legal guardian of the player, that the information above is true, and that **I have read and understand this entire form, including the release of liability in Section 6**, and agree to it freely.

Parent/guardian signature

Printed name

Date

Second parent/guardian signature (optional)

Printed name

Date

Player signature (age 13+, code of conduct)

Received by (Smith County Soccer)

Date

TEMPLATE - have this reviewed by a Texas attorney or your insurer before use. Note for review: Texas releases need clear notice (the bold release language above). Texas courts have also generally held that a parent can't waive a minor child's own injury claims in advance, so ask your reviewer what this form can and can't do.