

DOXA Soccer & Goalkeeper Academy

Release of Liability, 2026



Player Information:

Name: _____

Date of Birth: _____

Parent/Guardian Information:

Name: _____

Email: _____

Phone: _____

I understand that playing soccer is a physically demanding sport. Naturally, there are intrinsic risks involved, including physical injury throughout the course of playing. With this understanding, I authorize the staff of DOXA Soccer & Goalkeeping Academy to use their best judgment in an emergency situation and release them from liability resulting from injury sustained as a result of participation in the sessions on behalf of _____.

(Player's name)

DOXA Soccer & Goalkeeping Academy & Partner Facilities listed above assume no responsibility from personal injury, and loss of/damage to property. I also certify that the above-named player is physically able to participate in the goalkeeper training activities.

This release of liability form is good for any DOXA-related camp/activity for the year 2026.

Parent/Guardian Signature: _____

Date: _____

Medical Information:

Please list any/all medication that your child takes and any/all medical conditions that should be made known to the staff of DOXA Soccer & Goalkeeping Academy

Emergency Contact Information:

Name: _____

Phone: _____

Please bring this completed form with you to the first session, or mail/email it to the addresses below:

Mailing Address: Kevin Butterfield
7328 Patterson Ave SE
Caledonia, MI 49316

Email Address: kevin@doxasoccer.com