

# 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