

**SIMI VALLEY SOCCER CLUB
“ECLIPSE”
PLAYER/PARENT/CLUB AGREEMENT**

Date _____

I have reviewed and discussed with my child the Simi Valley Soccer Club Handbook and I (parent) have read & understand the Registration policies and payment options of the club, and I agree to accept and will abide by these policies.

I also hereby grant permission for Simi Valley “Eclipse” Soccer Club to post photos or videos of my child online to promote the club. I understand that the images may be used in print publication, online publication, presentations, websites and social media. I also understand that there is no fees or other compensation that will be payable to me by reason of such use.

Player Name / Team #

Player Signature

Parents Name

Parents Signature

Parent Email: