



Parent/Guardian Release Waiver

I recognize the possibility of injury or illness, and in consideration for the Washington Youth Soccer, and their members accepting my child as a player in the soccer programs and activities of Washington Youth Soccer and its members (the Programs), I consent to my child participating in the Program.

Further, I release, discharge, and otherwise indemnify Washington Youth Soccer, their member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player child as a result of my child's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.

My player child has received a physical examination by a physician and has been found physically capable of participating in the Programs. I have provided written notice, which was submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs.

I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Have you ever been diagnosed by a Doctor, with any serious medical conditions or any condition that may impact your ability to participate in athletic competitions? If so, please describe and list date:

Player Name:

Parent/Guardian Name:

Parent/Guardian Signature: