

Parental Waiver

Player Name: _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Player Date of Birth: _____ Email Address: _____

Parent must read and sign below:

Recognizing the possibility of physical injury associated with the sport of soccer, I hereby release, discharge, and/or otherwise indemnify the Hagerstown Soccer Club, Inc., it's owners, staff, affiliates and associated personnel, including the owners of the facilities used by the club against any claim made by or on behalf of the player listed above as a result of the player's participation in club activities. I certify that the player above has adequate medical insurance, is in sound physical condition and capable of participating in soccer activities and that there are no medical conditions that prevent his/her participation, or be adversely affected or influenced by his/her participation, in soccer activities conducted by the Hagerstown Soccer Club, Inc.

In case of emergency, I authorize treatment to be given by my family physician or the nearest hospital's emergency department. I permit the Hagerstown Soccer Club, Inc., coaching staff to act on my behalf in accordance with their best judgment in any emergency requiring medical attention.

Parent/GuardianSignature: _____