



## Authorization to Play & Waiver

### Authorization to Play and Waiver

With the signature(s) below, permission is hereby granted for \_\_\_\_\_ (player name) to participate in all practice sessions, games, and other activities involving Queen Anne Soccer Club during the 2008-09 season. This permission extends to any travel to and from any and all practice sessions, games, and other activities sponsored and arranged by Queen Anne Soccer Club.

This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature below indicates a knowing, voluntary release of any claim which might be asserted against Queen Anne Soccer Club, its officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers, and any other agents representing Queen Anne Soccer Club, or Seattle Youth Soccer Association and its officers or agents or representatives, the local league organization of which Queen Anne Soccer Club is a member. By waiving any right to assert a claim, I am agreeing to release, absolve, indemnify, and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in relationship to the sponsored and arranged activities of Queen Anne Soccer Club. My waiver expressly means that I, participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of Queen Anne Soccer Club, including any travel to and from any activities sponsored and arranged by Queen Anne Soccer Club.

### Equipment, Rules, and Regulations

This permission also includes my agreement to abide by all the rules and regulations of Seattle Youth Soccer Assn. and the Queen Anne Soccer Club, including the Code of Conduct for parents and players, and to return the uniform and any other equipment issued to participant in as good condition as received subject to normal wear and use within 10 days of the end of the season.

### Medical Authorization

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency.

Participant has the following medical conditions(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contacts

Mother's name: \_\_\_\_\_ day/work/cell phone (\_\_\_\_) \_\_\_\_\_

Father's name: \_\_\_\_\_ day/work/cell phone (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I have read this Authorization to Play And Waiver, acknowledge that I understand it and agree to be bound by it.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_