

# Albany-Berkeley Soccer Club WORLD CUP

## Parent Medical Release and Liability Waiver

Player Name \_\_\_\_\_ Player date of birth \_\_\_\_\_

Age group \_\_\_\_\_ Team (if applicable) \_\_\_\_\_

### Medical Release

We, the Parents of \_\_\_\_\_, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Phone: Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact: Relationship: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies or require any special Medication? No ☐ Yes ☐

Explain \_\_\_\_\_

### Liability Waiver

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY and we agree to indemnify and hold harmless SAY, its members, coaches, officers and designates of any claim whatsoever.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date