



Albany-Berkeley Soccer Club
Fifth Annual
ABSC World Cup
September 1, 2014

Participant 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 _____

Guide to age groups by birth date

Age Group	From	To
Under-5	8/1/2009	7/31/2010
Under-6	8/1/2008	7/31/2009
Under-7	8/1/2007	7/31/2008
Under-8	8/1/2006	7/31/2007
Under-9	8/1/2005	7/31/2006
Under-10	8/1/2004	7/31/2005
Under-11	8/1/2003	7/31/2004
Under-12	8/1/2002	7/31/2003
Under-14	8/1/2000	7/31/2002
Under-16	8/1/1998	7/31/2000
Under-19	8/1/1995	7/31/1998