



Participation Waiver/Liability Release Form 2016 – 2017 Soccer Season

First Name: _____ Last Name: _____

Player's Birth Date: _____ Gender (circle one) Male Female

Address: _____ City: _____ PA Zip: _____

Telephone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail address: _____

Release Statement

Note: The statement should be signed by a parent/guardian for minor player and adult player for himself/herself. I, the parent/guardian of the travel participant, a minor, or adult participant of legal age, agree that I and the participant will abide by the rules and regulations of the Boyertown Soccer Club. Recognizing the possibility of physical injury associated with soccer and in consideration for Boyertown Soccer Club accepting the participant for its soccer programs and travel activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Boyertown Soccer Club, associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the participant as a result of the participant's activities in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____