



## Boys & Girls Clubs of Mercer County

### PARENTAL WAIVER FORM

Please Print or Type Requested Information

Registrant's Team Player Date of Birth:

Player's Last Name: \_\_\_\_\_

Player's First Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Medical Information: Allergies \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

CONSENT/WAIVER STATEMENT: I, the Parent/Guardian of the registrant, a minor, hereby consent and allow the participation of the registrant in the Boys & Girls Clubs of Mercer County Holiday Soccer Fest. I agree that I the registrant will abide by the rules of USSF, USYSA, NJ Youth Soccer, US Club Soccer and their affiliated organizations, Boys & Girls Clubs of Mercer County and their sponsors. I recognize the possibility of physical injury associated with soccer to the registrants and in consideration for the for the Boys & Girls Clubs of Mercer County accepting the registrants for participation in its program, I, for myself and the registrants hereby release, discharge, indemnify and hold harmless the Boys & Girls Clubs of Mercer County, USSF, USYSA, NJ Youth Soccer, US Club Soccer, Centercourt of Lawrence, and their affiliated organizations and sponsors, their employees and agents, against any claim by or on behalf of myself or the registrant resulting from the registrant's participation in the event. I further affirm and agree that I or another adult responsible for the registrant shall be present at all times of participation by the registrant, and shall be available in the event medical treatment for the registrants becomes necessary in the event of an injury during the event. I further authorize any coach or trainer of Boys & Girls Clubs of Mercer County to seek medical treatment for the registrant in the event on an injury during competition when I or another parent or guardian is not present and cannot be promptly contact to authorize such treatment. I accept full financial responsibility for any such necessary medical treatment.

Name of Parent/Legal Guardian (please type or print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_