

WINGS SOCCER CLUB
LIABILITY WAIVER/STATEMENT OF UNDERSTANDING
PLEASE GIVE TO TEAM MANAGER
(DO NOT MAIL INTO CLUB)

The following conditions are understood and accepted by the undersigned parents on behalf of their son or daughter, who is participating in the WINGS SOCCER CLUB program.

There is a risk of injury in youth soccer practices and games.

WINGS SOCCER CLUB coaches are only able to perform basic first aid for cuts, bruises, etc.

Immediate medical attention may not be available, if required.

Parents are responsible to and will notify coaches in writing of any relevant medical condition preexisting or developing during the season for their son or daughter.

Parents are responsible for obtaining treatment of any medical condition or injury of a player by a physician, if necessary, and that any restrictions placed on the player by a physician are strictly adhered to.

In the absence of the parent, WINGS SOCCER CLUB coaches or trainers are authorized to arrange for professional medical attention for a player as judged to be necessary. Charges for and medical treatment provided to the player will be the responsibility of the parent(s).

WINGS SOCCER CLUB and its coaches reserve the right to limit the participation of an injured player unless the parent waives in writing the risk of additional injury or a physician certifies that the player can participate in practices and games.

The owners of the facilities within which soccer activity is occurring and the WINGS SOCCER CLUB are released from any liability for any injuries or losses occurring in connection with any of the practice sessions and/or the use of those facilities.

WINGS SOCCER CLUB is released from any liability to the use of and participation in team website links on the Internet.

Each WINGS SOCCER CLUB team manager may be allowed to distribute address, phone numbers, parents names of players on that team to the other player's parents.

Player's Name (print) _____

Parent's Name(s) (print) _____

Player's Signature _____ Date _____

Parent's Signature _____ Date _____