

Youth Soccer Tournament Waiver Form

Participant Information

Participant Name

Date of Birth

Team Name

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Relationship to Participant

Medical Information

Allergies or Conditions

Current Medications

Physician Name

Physician Phone

Waiver & Release of Liability

I, the undersigned parent/guardian, give permission for the above-named participant to participate in the Youth Soccer Tournament. I acknowledge and accept the risks involved with participation in athletic activities. I hereby release and discharge the event organizers, sponsors, and staff from any and all liability, claims, and causes of action arising from injury or illness incurred during the event.

☐ **I have read and agree to the liability waiver above.**

Signature

Parent/Guardian Signature

Date