



Minnedosa Youth Soccer Association

Mini Soccer House League Soccer Program

Waiver and Indemnity



This form is for players ages 8 and under.

Name of Participant: _____

Address: _____

Phone Number: _____

Date of Birth Month: _____ Day: _____ Year: _____
eg. June 23 2004

Please provide any information which might be of significance to the coach relative to your child's medical history, including allergies/asthma, etc.: _____

Name of Parent/Guardian: _____ (please print)

Parent/Guardian email: _____ (please print)

The Participant and/or Parent/Guardian acknowledges that participation in the Minnedosa Youth Soccer House League Program is on a voluntary basis and that, in consideration of being permitted to participate in the Soccer program, the Participant or the Parent/Guardian will execute the Waiver and Indemnity form as set out below.

The Participant +/- or the Parent/Guardian, hereby acknowledges and agrees that:

- 1. The Participant assumes any and all risk associated with his or her participation in the Minnedosa Youth Soccer Association House League Soccer Program...
2. The Participant and the Parent/Guardian, will jointly and severally indemnify and save harmless the Minnedosa Youth Soccer Association...

HOUSE LEAGUE ONLY
Player shirt size:
[] Youth small (6-8)
[] Youth medium (10/12)
[] Youth large (14/16)
[] Youth X-large
[] Other: _____

Date: _____

Signature of Parent/Guardian: _____ Relationship to Participant: _____

Renewal of above waiver and player information:

Signature: _____ Date: _____ Shirt Size : _____

Signature: _____ Date: _____ Shirt Size : _____

Signature: _____ Date: _____ Shirt Size : _____

Signature: _____ Date: _____ Shirt Size: _____