

WAIVER & TEAM ROSTER FORM

PLEASE COMPLETE AND RETURN THIS FORM PRIOR TO FIRST GAME

I hereby certify that I am in normal health and capable of participating in the soccer program offered by WAA or Playas Inc. I further certify that I have medical health insurance to cover any injuries that may be sustained as a result of participating in the soccer program. I hereby give my consent and permission to WAA and PlayUSA Inc. staff to secure emergency medical treatment including transportation and physician, if required, and I agree to be financially responsible for the costs of such treatment and or transportation. I hereby acknowledge that indoor soccer is physical sport which requires considerable running, starting, stopping and physical exertion: in heat and humidity: and that could potentially lead to overheating, dehydration, limb injuries, facial injuries, permanent disability or death. I do hereby agree to hold harmless WAA and PlayUSA Inc. its officers, employees, servants, agents and hires from any responsibility for any and all personal injuries or death, which may result from my participation in any program offered by WAA and PlayUSA Inc. I hereby agree to assume any and all of the liability and risks from participating in the soccer program.

	Team Name	Age	Coach/Manager	Phone

	Player Name	Signature <small>Parent or Guardian if under 18</small>	Date	Address	Phone
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