



Bay Soccer Club Waiver

Player Name: _____

Age Group: _____

I, the Parent/Guardian of the Player, a minor, agree that the Player and I will abide by the rules and regulations the Bay Soccer Club, USSF, US Youth Soccer, US Club Soccer, and their affiliated organizations and sponsors. Recognizing the possibility of physical injury and exposure to an illness from infectious diseases (including but not limited to MRSA, influenza, and COVID-19) associated with soccer; and, in consideration for accepting the Player for its Programs, I hereby release, discharge and/or otherwise indemnify the Bay Soccer Club, its Members and Board, USSF, US Youth Soccer, US Club Soccer, their affiliated organizations and sponsors, their employees and associated personnel, and the owners of fields and facilities utilized for the Programs (including but not limited to the Bay Board of Education, the Cleveland Metroparks, and the City of Bay Village) against any claim by or on behalf of the Player as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. The Player has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide the Player with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parent Signature: _____

Parent Name: _____

Date: _____

(for Club use)

Temperature: _____