



Health/Medical Waiver



The parent or guardian signing below understands that the participant will engage in physical activity which contains risk of physical injury, and assumes the risk and responsibility that may occur during this program and releases Maitland Soccer Club, Inc. and its affiliates, schools, directories, coaches, employees and all liability which may be incurred during this program.

I hereby grant permission for my son/daughter to participate in Maitland Soccer Club, Inc. approved activities which include, but are not limited to; practices, league play, tournament play, friendly matches (scrimmages), camps, condition training, Futsal, and Xcel Training. We give permission for our child to be treated by a licensed physician or member of the MSC staff for any personal injury or accident that may occur. I agree to pay through my insurance or personal means for any and all medical treatment that may be necessary. I certify that my child is in good health and is able to participate in all activities.

CHILDS NAME _____
DATE OF BIRTH _____
PHYSICIAN: _____
ADDRESS: _____
PHONE: _____
INSURANCE PROVIDER _____
POLICY NUMBER _____
KNOWN ALLERGIES: _____

Signature of PARENT/GUARDIAN _____ DATE _____

Printed Name PARENT/GUARDIAN _____

Subscribed and sworn before me, this _____ day of _____, 20____
the aforementioned person who produced the following identification _____
or is personally known to me.

Notary Public Signature _____ Notary Public Stamp _____