F3 Player Waiver Form
Prior Lake Soccer Club

Player and Family Information

_____ _____ _____
Player's First Name | Player's Last Name | Gender (M or F)

_____ _____ _____ _____
Address | City | State | Zip

_____ _____/_____/_____ _____
Phone | Birthday (mm/dd/yy) | Age Group

_____ _____
Parent/Guardian Name | Parent/Guardian Name

_____ _____
Cell Phone | E-mail Address

_____ _____ _____
Emergency Contact (Other than parent) | Emergency Contact's Phone # | Relationship

_____ _____
Club Name | Team Name

Parent/Guardian Agreement & Medical Consent:

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Prior Lake Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and, in consideration for the Prior Lake Soccer Club accepting the registrant for their F3 Futsal Tournament, I hereby release, discharge and/or otherwise indemnify the Prior Lake Soccer Club; it's affiliated organizations; the employees, coaches and associated personnel; including ISD #719/owners of the gymnasiums and facilities utilized for the tournament, against any claim by or on behalf of the registrant as a result of the registrant's participation in the tournament. As the parent or legal guardian of a participant in the Prior Lake F3 Futsal Tournament, I hereby give my consent for emergency medical care prescribed by an attending EMT, Athletic Trainer or other onsite medical professional.This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

_____ _____
Date | Parent/Guardian