



PARENTAL WAIVER AND RELEASE FORM

Club/Team Name _____

Player Name _____

Date of Birth _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

Parent / Guardian _____

Phone No (H): _____

Phone No (Cell): _____

E-mail address: _____

Allergies / Medical Conditions: _____

By signing this form I certify that my child is in a good health and give him/her permission to participate in the Princeton FC Winter Indoor League. I agree my child to be given treatment at a local hospital if needed and accept full financial responsibility for any such necessary medical treatment. I hereby wave all claims, costs and liabilities against Princeton FC and their coaches and officials arising out of the risks inherent in the nature of the soccer activities and participation in the Indoor League.

Signature: _____