

WCRD SOCCER INSURANCE WAIVER

CHILD'S NAME _____

CHILD'S FULL NAME AS IT APPEARS ON HIS BIRTH CERTIFICATE: _____

LEAGUE YOUR CHILD IS PLAYING IN _____

PHONE NUMBER (HOME) _____ (WORK) _____ (E-MAIL) _____

DATE OF BIRTH _____ (CELL) _____

CURRENT ADDRESS: _____

PARENT/GUARDIAN'S NAME(S) _____

YOUR CHILD'S PHYSICIAN _____

LIST ANY MEDICATIONS THAT YOUR CHILD MAY BE ALLERGIC TO _____

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE WASHINGTON COUNTY RECREATION DEPARTMENT, ITS EMPLOYEES, AGENTS, HEIRS, AND ASSIGNS, OF ANY AND ALL CLAIMS, DEMANDS, RIGHTS, AND ANY AND ALL CAUSES OF ACTIONS OF WHATSOEVER KIND AND NATURE ARISING FROM AND BY REASON OF ANY AND ALL KNOWN AND UNFORESEEN, BODILY AND PERSONAL INJURIES, DAMAGE TO PROPERTY AND THE CONSEQUENCES THEREOF RESULTING FROM PARTICIPATING IN THIS OR ANY OTHER DEPARTMENT ACTIVITY CONDUCTED BY THE WASHINGTON COUNTY RECREATION DEPARTMENT.

SIGNATURE

PLEASE CIRCLE THE SHIRT/SHORT SIZE YOUR CHILD WILL NEED FOR HIS/HER TEAM SHIRT:

SHORTS:	YOUTH	ADULT
	XS 18-20	AS 28-30
	S 20-22	AM 32-34
	M 22-24	AL 36-38
	L 24-26	AXL 40-42

SHIRTS:	YOUTH	ADULT
	S 30-32	AS 36-38
	M 32-34	AM 38-40
	L 34-36	AL 40-42
		AXL 44-46

SOCKS:	YOUTH
	SMALL U-6 & U-8
	MEDIUM U-10 & U-12
	LARGE U-14 & U-16

I GIVE WCRD PERMISSION TO PLACE MY CHILD'S PICTURE ON THEIR WEBSITE.

PARENT'S SIGNATURE