

INVITATIONAL COLLEGE SHOWCASE TEAM WAIVER



Please note this form must be handed in at registration and signed by all Parents or Guardians of players participating.

Recognizing the possibility of physical injury associated with soccer and in consideration for the individual organization accepting the registrant for its programs and activities, hereby release, discharge, and/or indemnify the Oakville Soccer Club and the Oakville Invitational College Showcase, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

As the Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care provided by an athletic trainer, coach, team manager, emergency medical nurse, medical treatment facility, and/or licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the limb, or well-being of my dependent.

Team Name: _____

	Last Name	First Name	DOB	Parents Signature	Date	Phone	Street Address	Postal Code
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MY SIGNATURE BELOW CERTIFIES THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT:

Coaches Name _____

Coaches Signature: _____

Date: _____