MIAMI KREW SOCCER CLUB

WAIVER FORM

PLAYER'S NAME _____

DATE OF BIRTH _____

TEAM: _____BOYS or _____GIRLS

SCHOOL: _____

SIZE: YS YM YL YXL AS AM AL (circle one)

PARENT/GAURDIAN NAME _____

PARENT/GAURDIAN OCCUPATION _____

CELL PHONE _____

E-MAIL _____

PARENT RELEASE: This is to certify that my son/daughter has permission to participate in all Miami Krew Soccer activities. I assume all risks and hazards incidental to such participation, and I do hereby agree to hold harmless the staff and all affiliates of Miami Krew Soccer, South Dade United, Southwood Middle School from any and all claims arising out of any injury to my child. Furthermore, this verifies that the player is up to date with his/her immunizations and can participate in all club activities.

Parent/Guardian Signature_____ DATE _____