

**REGISTRATION WAIVER FORM:**

-----PLEASE RETURN THIS FORM ALONG WITH PAYMENT-----

**Mail to:**

**Bayshore Soccer Club, C/O Amy Gallagher, 209 Dutchers Road, Queenstown, MD 21658**

**PLAYER NAME:** \_\_\_\_\_

**ON BAYSHORE TRAVEL TEAM?:** Y/N \_\_\_\_\_ **TRAVEL TEAM NAME:** \_\_\_\_\_

**BAYSHORE TRAVEL TEAM AGE GROUP (Circle one):** U8/9, U10, U11, U12, U13

**DATE OF BIRTH:** \_\_\_\_\_ **M / F** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EVENT ATTENDING (Check one):** \_\_\_ Bayshore 8 Week Spring Clinic, \_\_\_ Bayshore U5-U10 Spring League

**CONTACT PARENT/GUARDIAN NAME(S):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT NAME/PHONE:** \_\_\_\_\_

**MEDICAL CONDITIONS:** \_\_\_\_\_

1) I/we, the parents/guardians of the above named registrant hereby give my/our permission to participate in any and all training activities. 2) I/We certify that the above named player has no physical problems which are likely to prevent participation in strenuous physical activity during the camp as needed. 3) I/We realize that participation in soccer may result in serious injuries and protective equipment does not prevent all injuries to players and we hereby waive, release, absolve, indemnify, and agree to hold harmless the Bayshore Soccer Club, the organizers, agents, sponsors, supervisors, volunteers and participants from any claim arising out of an injury to my/our child whether the result of negligence or for any other cause.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_