

# Insurance Waiver

Player's Name:

Phone Number

Father's Name:

Work Number

Mother's Name:

Work Number

In case of emergency, contact:

Name:

Phone Number

Player's Physician:

Phone Number

Date of last tetanus shot:

## Henry County Soccer Association Waiver Statement

All players must have their own medical coverage. Players will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the Player.

Player's Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the Player. I hereby give permission for the staff of HCSA to seek appropriate medical attention for the Player and for the medical attention to be given and for the Player to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge HCSA and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in soccer activities or while at camp/clinic, whether or not damages, injury or loss is due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp/clinic activities.

\_\_\_\_\_  
Signed By

\_\_\_\_\_  
Date