



## Parental/Guardian Waiver & Consent Form

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a player/team member in the Irvine Premier Soccer Club Clinic/Camp.

I understand that there are certain risks of injury inherent in the practice and play of youth soccer, as well as other related activities incidental to my child's participation and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in youth soccer and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these youth soccer activities, except as listed below.

In addition to my full consent for my child's participation, I do hereby waive, release and hold harmless Irvine Premier Soccer Club, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in youth soccer and the activities incidental thereto, whether the result of negligence or any other cause.

_____ Name of Child		_____ Date of Birth	
_____ Parents Name			
_____ Address	_____ City	_____ State	_____ Zip
_____ Email	_____ Phone		

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Please list any physical limitations (allergies, hearing, sight, etc.)

_____ Parent's / Guardian Signature	_____ Date
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