

Cedar Valley Soccer Club



CVSC Medical Waiver Form

Team Division: _____ Team Name: _____
Player 1 Name: _____ Signature of Parent/Guardian: _____
Player 2 Name: _____ Signature of Parent/Guardian: _____
Player 3 Name: _____ Signature of Parent/Guardian: _____
Player 4 Name: _____ Signature of Parent/Guardian: _____
Player 5 Name: _____ Signature of Parent/Guardian: _____
Player 6 Name: _____ Signature of Parent/Guardian: _____
Player 7 Name: _____ Signature of Parent/Guardian: _____
Player 8 Name: _____ Signature of Parent/Guardian: _____
Player 9 Name: _____ Signature of Parent/Guardian: _____
Player 10 Name: _____ Signature of Parent/Guardian: _____
Player 11 Name: _____ Signature of Parent/Guardian: _____
Player 12 Name: _____ Signature of Parent/Guardian: _____
Player 13 Name: _____ Signature of Parent/Guardian: _____
Player 14 Name: _____ Signature of Parent/Guardian: _____
Player 15 Name: _____ Signature of Parent/Guardian: _____
Player 16 Name: _____ Signature of Parent/Guardian: _____
Player 17 Name: _____ Signature of Parent/Guardian: _____
Player 18 Name: _____ Signature of Parent/Guardian: _____
Player 19 Name: _____ Signature of Parent/Guardian: _____
Player 20 Name: _____ Signature of Parent/Guardian: _____
Player 21 Name: _____ Signature of Parent/Guardian: _____
Player 22 Name: _____ Signature of Parent/Guardian: _____

Date: _____ Team Manager: _____

Waiver of Liability and Disclaimer:

I, the parent, or guardian of the above-named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the Cedar Valley Soccer Club (CVSC) are primarily administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation in the CVSC Tournaments, I hereby release, discharge, and hold harmless the Cedar Valley Sportsplex and CVSC, their employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the CVSC sponsored Tournaments.

Consent for Medical Treatment:

As the parent or legal guardian of the above participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

Promotional Release:

CVSC has permission to use any photos/videos taken of the above participant during his/her participation in the CVSC sponsored tournaments for the Club's promotional materials.



CVSC - PO Box 391 - Cedar Falls, IA 50613
www.cedarvalleysoccerclub.org
cedarvalleysc@gmail.com