# Dulles SportsPlex
# Permanent Team Roster & Waiver Form
# Youth Soccer/Futsal

In signing this waiver form below, I release Dulles SportsPlex & other involved parties from any claims or responsibility for injuries suffered in this league. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in soccer or futsal. Further, I authorize the site director to request medical treatment as necessary to insure my child's safety.

Also by signing below, I take all responsibility for knowing and abiding by the rules of the Dulles Sportsplex. If I do not abide by the rules of the Dulles Sportsplex I risk being banned from the facility and having my money forfeited.

Team Name: _____ Skill Level (Premier, Classic): _____ Age Group (U9, U17): _____

Coach Name: _____ Address: _____ Home Phone: _____

League Type (Boys, Girls): _____ _____ Work Phone: _____

| Jersey # | Player Printed Name | Parent Signature | DOB | Email | Home Phone |
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