



# Bakersfield Organized Soccer League

## Parent's Waiver for Under 18 Player

Year: \_\_\_\_\_



Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of team (Women's or Coed) \_\_\_\_\_ Team Name: \_\_\_\_\_

Registration fees paid? \_\_\_\_\_ Form of payment: \_\_\_\_\_

In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees, do hereby release and discharge the BOSL and any other sponsors for all claims for damages I or my minor child may sustain arising or growing out of my participation in the BOSL League. I attest and verify that I have full knowledge of the risks in this event and that my child is physically fit and sufficiently trained to participate. The signing of this form indicates that the undersigned has read, understands, and agrees to play by the Rules and Regulations as stipulated by the BOSL bylaws. I further attest that my child (if female) is not pregnant and will cease to participate in play should she become pregnant during league season. Players must provide their own health/accident insurance.

In case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 4/18



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