

Attach this waiver form to the roster for all players under 18 years old
Parent's Waiver **BOWS**

Bakersfield Organization for Women's Soccer

Player's Name: _____ Birth Date: _____

Address: _____

City: _____ Zip: _____ Phone: _____

In consideration of the acceptance of my registration, I, for myself, my executors, administrators, and assignees, do hereby release and discharge the Bakersfield Organization for Women's Soccer (BOWS) and other sponsors from all claims for damages, I, or my minor child may sustain arising or growing out of my participation in the BOWS 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. I further attest that my child is not pregnant and will cease to participate in play should she become pregnant during league season.

In case of Emergency Contact: _____ Relationship: _____

Phone Number: _____

Parent Signature: _____ Date: _____

Parent Name (print): _____ Cell Phone: _____

Rev. 7/11

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