**Watertown Youth Soccer Association (WYSA) - Participation Waiver**

**Player Information:**

* Name of Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment and Consent:**

By signing below, I, the undersigned parent or legal guardian of the above-named player, hereby give my consent for my child to attend two (2) soccer practices with the Watertown Youth Soccer Association (WYSA) to determine if they would like to continue participation in the program. I understand and agree with the following:

1. **Assumption of Risk**: I acknowledge that participation in soccer activities involves inherent risks, including but not limited to the risk of injury or accidents. I understand that injuries may occur during these practices, and I am allowing my child to participate at their own risk.
2. **Release of Liability**: I, the undersigned, hereby waive, release, and discharge WYSA, its coaches, volunteers, officers, and all other affiliates from any liability for injuries or accidents that may occur during these two (2) practices. I agree to hold WYSA harmless for any claims, actions, or costs arising from my child’s participation in these activities.
3. **Health and Safety**: I confirm that my child is in good health and physically capable of participating in soccer activities. I will immediately inform the coaches of any medical conditions or concerns that may affect my child’s participation.
4. **No Obligation to Continue**: I understand that the two practices are designed to give my child a chance to experience soccer and determine if they would like to join the program. If my child decides not to continue with soccer, there will be no further obligation to participate, and no further fees will be required.
5. **Emergency Medical Treatment**: In the event of an emergency, I give my consent for my child to receive medical treatment if necessary. I agree to assume full responsibility for any medical expenses incurred.

**Parent/Guardian Signature:** By signing this form, I affirm that I have read and fully understand the terms and conditions above. I voluntarily agree to all provisions and authorize my child's participation in the two practices.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of WYSA Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_