

Each player participating in the Western Soccer League must have the following form signed by both parents/guardians. Team officials should make enough copies for their team members and forward the signed copies to Jim Luzzi by Monday, June 6, 2011, along with the Team Roster. Players cannot participate without this signed statement and proof of insurance.

I/we hereby give my/our permission for the participation of my/our son in the athletic program of the Western Soccer League. I/we understand that the Western Soccer League, their coaches, players, representatives and referees in this activity, will exercise care and caution. I/we agree to hold-harmless the Western Soccer League, its coaches, players and representatives and playing field property owners involved in this activity. I/we furthermore certify that my/our son is covered by my/our accident and medical insurance policy. I/we furthermore certify to the best of my/our knowledge based on medical examinations that the participant suffers from no pre-existing medical condition that would be aggravated or injurious to the participant in this activity.

Name of Participant \_\_\_\_\_  
(please print)

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

Date \_\_\_\_\_

I agree to play by the rules of the Western Soccer League. Furthermore I agree to demonstrate good sportsmanship in each game I play in, showing respect for my opponents, the coaches, the referees and my teammates.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Graduation Year