



**FLORIDA PREMIER SOCCER CLUB  
MEDICAL RELEASE AND LIABILITY WAIVER**

**(Required for all players not registered for the 2006-2007 season)**

I understand there are risks involved with my son's/daughter's participation at the Florida Premier Soccer Club Try-out Program. Therefore, I give consent for my son/daughter to receive any emergency medical treatment deemed necessary by the staff conducting the program.

I waive and release Florida Premier Soccer Club and its staff from any and all liability which may result or arise from my son's/daughters athletic participation or any medical treatment that my son/daughter may receive.

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_