



Haverford SC Welsh Cup – 2nd Grade Boys and Girls Festival

Player Medical Waiver

Club Name: _____ Team Name: _____

Coaches Name: _____ Date: _____

I certify that my child(ren) below is / are in excellent health and are able to participate in physical activity, including soccer. I agree to hold Haverford Soccer Club, and Global Team Travel, it's agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment.

Player Name: _____ Parent Name: _____ Parent Signature: _____

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