Fairfax Sportsplex
Youth Soccer Roster & Waiver Form

In signing the waver form, I release Fairfax Sportsplex and their respective staffs from any claims or responsibility for injuries suffered in the indoor soccer league at Fairfax Sportsplex. I knowingly assume all risks associated with participation, even if arising from negligence of the other participants, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in the indoor soccer league. Further, I authorize the site director or respective Fairfax Sporsplex's staff to request medical treatment as necessary to insure my child's safety.

CONSENT, RELEASE AND AUTHORIZATION:
I am the parent or guardian of the player listed in the roster below. I consent to the participation of my child in the indoor soccer league organized by Fairfax Sportsplex. I understand that such programs are hazardous by their nature and I assume all risk of injury arising from such activity and accordingly. I release, indemnify and agree to hold harmless Fairfax Sportsplex and their staffs from any claim, suit, demand or action arising in connection with the player's participation in indoor soccer league organized by Fairfax Sportsplex. If the player requires medical attention, every effort will be made to contact the player's parents, guardians or emergency contacts. In the case of an emergency, the player will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Fairfax Sportsplex for the quality or cost of medical services provided.

TEAM NAME: _____ WINTER CLASSIC TOURNAMENT 2008

Jersey Nbr	Player's first & last name	DOB	Emergency Contact Phone	Parent Signature