



LETHBRIDGE SOCCER ASSOCIATION
YOUTH PLAYER WAIVER/AUTHORIZATION

This waiver/authorization must be completed prior to a youth player (U18) participating in any WSAL or Senior Men League.

Players Name: _____ DOB (m/d/Y) _____ (Print)	
Parents/ Guardian Name: _____	
Address: _____ Postal Code _____	
Phone # _____	
I, _____ on behalf of my child do hereby release the Lethbridge Soccer Association , and their heirs, executors, administrators from any and all liability for any injury or damage suffered by my child during or arising out of his/her participation in WSAL or Senior Men.	
_____	_____
(Parent/Guardian Signature)	Date
_____	_____
(Player Signature)	Date

Coaches Name: _____	Authorization: _____ (Head Coach)
Team/ Club Name: _____	Authorization: _____ (Club President)
Senior League / Division: _____	Authorization: _____ (Senior President/League Administrator)
*** Player listed above is a Reserve Player	<input type="checkbox"/> Yes <input type="checkbox"/> No

Lethbridge Soccer Association: _____ (President/Executive Director)

Date: _____ Season: _____

Youth Player Waiver/Authorization valid for current playing season only.