

North Alabama Futsal League (NAFL)

YOUTH PLAYER WAIVER

YOUTH PLAYER NAME: _____

CONSENT TO PLAY: I, the parent/guardian of the participant, a minor, agree that I and the participant will abide by the rules of the NAFL, US Futsal Federation (USFF), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the NAFL and USFF accepting the participant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the NAFL, USFF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the Programs (City of Huntsville, City of Madison), against any claim by or on behalf of the participant as a result of the participant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize myself the (PARENT/GUARDIAN).

CONSENT FOR MEDICAL TREATMENT: As the Parent or Legal Guardian of the above name player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature

Relationship

Date

Printed Name