



## Golden Isles Soccer Association

### MEDICAL RELEASE & PARENT CONSENT WAIVER

I hereby give approval for the participation of my child in any and all GSSA and affiliated associations or league activities and I assume all risk and hazards incident to such participation. Including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the GSSA, Golden Isles Soccer Association and affiliated association league. The organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to my child. I understand that a player who registers with an affiliated league is bound to that league for the entire seasonal year unless a transfer is requested for extenuating circumstances. I understand that GISA and its administration will do their best but cannot guarantee special requests regarding my child(ren)'s coach, team placement, or game and practice schedule.

Child's name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_