



Global Team Travel Showcase and Festival Tournament Player Medical Waiver

Player Name: _____ (print name)

Team Name: _____ (print name)

I certify that my child(ren) above is / are in excellent health and are able to participate in physical activity, including soccer. I agree to hold U.K. Elite Soccer, Howard County Recreation and Parks, 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.

Parent Name : _____ (print name)

Parent Signature: _____ (signature)

Date: _____