



WJSA Sports Liability Waiver Form

Team Name _____

League Season _____

Players Name _____

Address _____

City, State, Post Code _____

Date of Birth _____ Age _____

Phone Number _____

Email _____

I am not aware of any injury, illness or other health related issues that would restrict or limit my child's ability to play competitive sports.

I agree to assume all risks and expenses due to an injury that may occur as a result of my child's involvement in competitive sports practices, games and/ or travel to and from said activities

I agree to hold the Whyalla Junior Soccer Association or anyone acting on its behalf either as a coach, a coaching assistance or administrator harmless in the event of an injury to my child while participating under their supervision.

Signature of Parent/ Guardian

Date