



**PALM BEACH GARDENS SOCCER  
TRAINING GUEST WAIVER**

**PLAYER INFORMATION**

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Team Training Age: \_\_\_\_\_ (e.g. U10 Girls)

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

Medical Info/ Allergies:

\_\_\_\_\_

Email: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

I certify that my child(ren) is in excellent health and may participate in the strenuous physical activities including soccer. I agree to defend and hold Palm Beach Gardens Soccer Program and its coaches harmless from any and all claims for injuries sustained by my child during his or her participation in the program.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(signature) Parent