

Team Name _____
Division _____

Medical Consent and Waiver

As parent or legal guardian of the following player, I hereby consent for emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of said child. I hereby waive any liability of the WCV Soccer Club and its representatives and agree to hold them harmless from all liability.

Player	Parent's Signature	Address	Telephone	Date	Jersey Number
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