

CALGARY MINOR SOCCER ASSOCIATION7000 – 48th Street SE, Calgary, Alberta, T2C 4E1

Phone : (403) 279-8686 Fax: (403) 236-3669

Web address: www.calgaryminorsoccer.com**PLAYER WAIVER FORM**2008/2009 INDOOR AND 2009 OUTDOOR
SEASONS

Club/Community Name: _____

For Office Use Only**PLAYER INFORMATION**PLAYER'S NAME _____ BIRTH DATE _____
(First) (Middle) (Last) (YY/MM/DD)

CMSA ID# _____ ADDRESS _____

CITY _____ POSTAL CODE _____ HOME PHONE NO. _____

P1: LIABILITY RELEASE

I, _____, the parent/guardian of the above-named player understand and accept the risks to the player through his or her participation in activities associated with soccer, which may include the risk of serious and permanent injury and potentially death. Therefore, in consideration of the Calgary Minor Soccer Association ("CMSA") permitting the player to attend and participate in any of its activities, events or games, I, on behalf of and for the player, his or her heirs, representatives, executors and administrators, do hereby release (each of the following being a "Released Party") CMSA, the Calgary Soccer Federation and all facility providers (such as gyms, soccer fields and soccer centres where an activity, event or game may take place) and all directors, officers, employees and agents of such parties, from any and all claims, demands, damages and causes of action which may arise out of or in connection with any loss, injury or damage to the player or their property which may be suffered or incurred while attending or participating in (including transportation to and from) a CMSA activity, event or game, regardless of whether or not such loss, injury or damage arose by reason of the negligence of a Released Party. I further agree to indemnify and hold harmless all Released Parties from any and all losses, claims, demands and damages that may be suffered or incurred by any Released Party arising out of or in any way connected with the player's attendance at or participation in any such activity, event or game.

P2: PRIVACY RELEASE

The parent and/or guardian hereby consents to the CMSA collecting, using and disclosing the personal information of the player in accordance with the CMSA Privacy Statement. The Privacy Statement can be obtained from the Club/Community, by calling (403) 279-8686 or from www.calgaryminorsoccer.com.

As well, this consent permits the disclosure of personal information to the ASA, CSA and provincial affiliated associations to permit the player's participation in their events and tournaments. If you do not wish this information to be disclosed to these other organisations then you must send a letter to the CMSA stating so.

Parent or Guardian Signature_____
Print Name_____
Date

Note 1: Parents: Do not mail or fax the waiver form to CMSA. You are to fill it out and give it back to your Club/Community who will hand in the form for you. It is the responsibility of the Club/Community where the player is registered to ensure that this form is properly signed. The Club/Community must present the signed form to CMSA at the time of player registration.

Note 2: The Club/Community must make the CMSA Privacy Policy available at the time the waiver is provided to the parent or guardian.

Note 3: The parent or guardian must sign this form for the player to be eligible to register and play in CMSA.

Note 4: Part II (P2) of the form must be agreed to for the player to be eligible to participate in a sanctioned program other than CMSA including but not limited to provincial and/or inter-city competition, ASA select program and tournaments outside Calgary.