



**AWSC Indoor Training Facility**  
10435 Waterville Neapolis Rd  
Waterville, OH 43566

**Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Emergency Contact Number** \_\_\_\_\_

**WAIVER OF LIABILITY/AGREEMENT TO PARTICIPATE:**

I understand that my participation in the club sponsored training sessions is voluntary and that I must be willing and able to demonstrate and physically participate in many of the soccer related activities. To the best of my knowledge I am physically capable of participating in the sport of soccer. I hereby release and indemnify any member of the Anthony Wayne United Soccer Club (AWSC) Coaching staff, the owner and/or operator of the facility or facilities, the Board of Directors of the AWSC, employees, volunteers or agents of AWSC or from any organization assisting in the sessions from any liability due to my participation in these sessions. Permission is granted for my child to received emergency medical treatment if needed and I certify that there are no limits to my child's participation except as stated in writing and included with this registration.

Limitations/Comments: \_\_\_\_\_

Parent or Legal Guardian (Please Print) \_\_\_\_\_

Parent or Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_