PARTICIPANT'S NAME:_____ Date of Birth_____
HOME ADDRESS: _____CITY/ST/ZIP_____

I, the undersigned parent and/or legal guardian of the child/ward named below, hereby give permission for my child/ward to participate in the Special Needs Soccer Association, ***SPENSA,*** program and related activities. I understand that soccer is a contact sport involving strenuous physical activity and acknowledge the possible risk of harm to my child/ward from participating in soccer, including, but not limited to, serious physical injury. I further acknowledge that the risk of possible physical harm to my child/ward may by increased as a result of the following pre-existing conditions:

_____
(Please list the name of disability)

I understand I am solely responsible for any medical expenses that may occur as a result of my child's/ward's participation in this program. Additionally, I hereby authorize ***SPENSA*** and its directors, officers, volunteers, and agents to take all steps deemed reasonably necessary to obtain emergency medical care for my child/ward in the event that I am not present on the premises at the time of any medical emergency.

Notwithstanding that my child's/ward's participation in youth soccer constitutes a greater risk to my child/ward than to other athletes, I nevertheless hereby consent to my child's/ward's participation in order to take advantage of the benefits associated with youth sports programs. In consideration of ***SPENSA*** allowing my child/ward to participate in the ***SPENSA*** program and related activities, I agree on behalf of myself, my family, my child/ward, and our legal representatives, heirs and assigns to waive, release and hold ***SPENSA,*** Saint Louis University, the Missouri Youth Soccer Association, the World Wide Technology Soccer Park and their respective directors, officers, employees, volunteers, agents and affiliated or participating referees, youth players, soccer clubs, organizations or associations (the Releasees) harmless from any liability, claims, actions, damages, suits, expenses, costs and fees), relating to my child's/ward's participation in the program and activities, notwithstanding any potential negligence on the part of the Releasees. Nothing contained herein shall be construed as an assumption of risk, waiver, or release of any claims relating to the intentional and willful acts of any Releasees. I further agree to grant ***SPENSA*** the irrevocable right to use my child's/ward's name, picture and/or likeness in any printed materials, broadcast and other media, for the purpose of publicizing or marketing ***SPENSA*** and its programs and activities.

In my opinion, there is no reason why the above-named individual should not participate in the Special Needs Soccer Association (***SPENSA***).

_____ _____
Print Physician's Name Physician's Signature Date

Physician's Telephone Number_____ Exchange Number _____

Signature of Parent/Guardian_____ Date_____