

Name: \_\_\_\_\_

Email: \_\_\_\_\_ HS/ClubTeam: \_\_\_\_\_

Grad Year: \_\_\_\_\_ Circle Position: Att. Mid. Def. Goalie

Parent's Signature: \_\_\_\_\_

With my signature, I give permission for my child/ children to participate and I assume all responsibility for my daughter's participation. I hereby authorize the director of the clinic to act for me according to best judgment in any emergency requiring medical attention. I knowingly assume all risks associated and I hereby waive and release Monmouth University.

**\*\*Please remember to bring your own stick, mouth-guard, goggles, cleats/turfs/& sneakers, & water**