



Dear Parent/Guardian,

As a participant in the Soccer Summer Camp hosted by The Druze Association of Edmonton, we kindly ask you to read and sign the waiver form below.

I, _____, the parent/guardian of _____, the registrant, agree to follow the rules of the organization and accept the risks associated with playing sports. I understand that there is a possibility of physical injury, and I release DAE, all Board members, coaches, and volunteers from any claims that may arise from the registrant's participation in the Sports Summer Camp.

This waiver also includes my authorization for emergency medical treatment if necessary, as deemed appropriate by any coach, assistant coach, or representative.

Please provide the following information:

Mother's Name: _____

Phone: _____

Work/Cell Phone: _____

Father's Name: _____

Phone: _____

Work/Cell Phone: _____

I have read this agreement carefully and understand its contents. I acknowledge that this is a release of liability for myself, my child, and the Edmonton Druze Association and its board members, coaches, and volunteers.

Please sign and date below:

Parent Signature:

Date: