Southern RI Futsal League Waiver and Medical Release

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the Southern RI Futsal League, in South Kingstown, RI. I understand and acknowledge that there is a risk of personal injury in soccer competition, and in recognition of these risks do hereby release, hold harmless and indemnify the United States Youth Soccer Association, Soccer-Rhode Island, Southern RI Futsal League, the town of South Kingstown, the league organizers, town officers, directors, coaches, and designated officials from all claims, causes of action and any and all liability which may result directly or indirectly, from the participation of my son/daughter in the Futsal session. This waiver includes relief and waiver from any and all potential illness or complications resulting from exposure to the COVID-19 virus.

I further give my consent for my son/daughter to receive emergency medical treatment, which may be deemed advisable in the event of an accident or illness during the Southern RI Futsal League. I understand that, if possible I will be notified by telephone of any emergency treatment required.

Player Name	Birthdate	Parent Signature	Date