

**PERRYSBURG HIGH SCHOOL ATHLETIC DEPARTMENT CONSENT FORM  
TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ [name of student-athlete].

I am aware that trying out, practicing, playing or any other form of participation in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**.

I understand that the risks of engaging in the sport of Soccer include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints ligaments, muscles, tendons and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, health and well-being.

I also understand that the dangers and risks of engaging in the above sport may result not only in serious injury, but in a serious impairment of the future abilities of my child/ward to earn a living and engage in business, social and recreational activities and generally enjoy life.

Because of the risks described above, I recognize the importance of my child/ward listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of my child/ward reading and adhering to all written instructions and written warnings regarding playing techniques, training methods, rules of the sport and other team rules. I therefore expressly agree to direct and encourage my child/ward to obey all of the coach's instructions and warnings.

In consideration of the PERRYSBURG CITY SCHOOL DISTRICT, BOWLING GREEN STATE UNIVERSITY permitting my child/ward to try out, practice, play or in any other way participate in the PETE RAFFA MEMORIAL SOCCER TOURNAMENT, and to engage in all the activities related to the camp, including practicing, conditioning, playing and traveling, I **HEREBY ACKNOWLEDGE THAT MY CHILD/WARD ASSUMES ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION, I EXPRESSLY CONSENT TO SUCH PARTICIPATION BY MY CHILD/WARD AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named school district, school, their trustee, officers, agents, servants, employees, successors and assigns, their athletic staffs, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners of the healing arts from any liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the PETE RAFFA MEMORIAL SOCCER TOURNAMENT, BOWLING GREEN STATE UNIVERSITY.**

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The following Waiver Form needs to be completed and accompany the Coach to the Pete Raffa Memorial Soccer Tournament.

[The following should be completed only for contact, collision or especially high-risk sports]:

I specifically acknowledge that SOCCER is a CONTACT SPORT. I UNDERSTAND THAT MY CHILD/WARD ASSUMES THOSE RISKS AND I VOLUNTARILY CONSENT TO SUCH PARTICIPATION BY MY CHILD/WARD.

\_\_\_\_\_  
Parent/Guardian's Initials

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date