



SAY HOLD HARMLESS STATEMENT

Have a parent/guardian for each player sign this sheet. When completed, fold over, staple, and mail to JLYSSL address above.

Club (City)	
Team Name/Age	
Coach	

“WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.”

Player Name (Print)	Parent/Guardian Name (Print)	Signature	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
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10.			
11.			
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14.			
15.			