

INDEPENDENT CHURCH LEAGUE VOLLEYBALL

Minor Participant Waiver and Release Form

(To be signed by the parent or guardian of each minor team player on roster)

I consent to my child's participation in the activity or program of the Independent Church League and authorize its agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition that would interfere with his or her participation.

NAME OF CHURCH TEAM: _____

NAME OF MINOR: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

Date submitted to League: _____