

PRINCETON YOUTH SOCCER LEAGUE
P.O. BOX 247
PRINCETON, IL. 61356

EYEGLOSS/MEDICAL APPARATUS WAIVER

I/we have been informed by Princeton Youth Soccer League of the safety risk involved in wearing eyeglasses/medical apparatus while participating in PYSL activities.

I/we hereby agree that Princeton Youth Soccer League (PYSL), its members, coaches, or officers of any other organization affiliated with PYSL, shall not be liable for any injury or loss that my child/children may sustain from the need to wear eyeglasses while participating in activities of any kind, whether sponsored by, or under the supervision of PYSL or any organization to which PYSL has an affiliation. We further agree to indemnify and to hold harmless PYSL, or any affiliated organization of any kind from any claim whatsoever.

Parent/Guardian Signature _____ Date _____

Player's name (print) _____