



**PlayMaker Training**  
www.PlayMakerTraining.com  
PlayMakerTraining13@gmail.com

**Authorization and Waiver Form**

I authorize my child to participate in this training provided by PlayMaker Training. I understand that there is risk in injury during this training and I agree to assume and/or allow my child to assume the risk of injury. Any parent who wishes their child to participate in this training must sign below to acknowledge that they have read the above statements. Be sure to contact PlayMaker Training with at least 12 hours of notice regarding attendance.

Players Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

*A parent or legal guardian must sign below acknowledging he/she has read, understands, and agrees to all of the above.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

PlayMaker Training occasionally uses photographs and videos from training sessions for [www.PlayMakerTraining.com](http://www.PlayMakerTraining.com) and other social media platforms for marketing purposes. Please initial here if you **WOULD NOT** like your child in this material. \_\_\_\_\_