

NORTH SALEM RECREATION DEPARTMENT

HENDRIE'S SOCCER ACADEMY

Name: _____ Grade (Sept. 2018): _____

Address: _____

Phone # _____ Cell# _____

Email Address: _____

Please list any medical conditions that might be a problem when playing this sport: _____

EMERGENCY CONTACT – Name: _____ Relationship to child: _____

Phone # _____ Cell # _____

As the parent/guardian of _____ (print child's full name) I, _____ (print parent's full name) do fully understand and acknowledge that soccer is a contact sport accompanied by an inherent risk of injury, or in extreme cases paralysis or death. I further understand that participating in Hendrie's Soccer Academy may, at times, involve my child competing against children who are larger, stronger and faster due to age and/or gender differences and that this increases the likelihood and severity of these risks. In light of these considerations, I hereby assume whatever risks are involved and give my consent for my child to participate in every activity of the academy. Furthermore, I represent that my child's physical and emotional fitness are at an adequate level to participate in this athletic endeavor.

In addition, I hereby hold Hendrie's Soccer Academy, its volunteers, affiliates, employees, and representatives harmless from any and all claims, injuries, damages, and liabilities sustained or incurred in connection with my child's participation in any Hendrie's Soccer Academy activity or use of facilities.

I understand that Hendrie's Soccer Academy does not carry insurance for hospitalization or medical costs and will not provide coverage for persons injured while participating in this program. I, therefore, agree to seek reimbursement through my own insurance and I assume the entire responsibility for what my insurance provider does not cover.

Hendrie's Soccer Academy maintains the right to utilize any photographs or video recordings of the campers participating at camp to be used for advertising and/or publicity purposes.

Hendrie's Soccer Academy is not responsible for any damaged, lost or stolen property.

By signing this consent form, I am acknowledging that I have read, understand and accept it in its entirety.

(PARENTS/GUARDIANS OR ATHLETES WHO DO NOT WISH TO ACCEPT ALL OF THE RISKS, TERMS, AND CONDITIONS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS CONSENT FORM.)

Parent/Guardian Signature _____ Date: _____

Town of North Salem Waiver: I hereby release the Hendrie's Soccer Academy, the Town of North Salem, its officials, employees and volunteers of any liability whatsoever in connection with any damages and or injuries that I or any of my family may sustain as a result of participation in the programs of the North Salem Recreation Department. A full refund will be given if the Recreation Department cancels this program. All participate at their own risk. The Town of North Salem does not carry insurance to cover hospitalization or medical costs of persons injured while participating in any Recreational Programs.

Parent/Guardian Signature _____ Date: _____