

Beyond Soccer's 7th Annual Soccer & Wellness Camp

2017 REGISTRATION FORM (July 10th-July 20th)

A medical form/physical within 1 year is required

Mail completed form to 280 Merrimack St., Suite 309, Lawrence, MA 01843

Child's Name: _____ Gender: _____ Date of Birth: ____/____/____ Age: _____

Address: _____ Zip: _____

School: _____ Grade (In fall 2017): _____

Tel. _____ Home Cell Work Tel. _____ Home Cell Work

Mother's Name: _____ Email: _____

Father's Name: _____ Email: _____

Emergency Contact: _____

Relationship to Child: _____ Tel. _____ Alt. Tel. _____

Physician's Name: _____ Tel. _____

\$20/week Fee Enclosed (\$40-2 weeks): Yes No Partial Payment Fee Waiver Request (Please provide brief explanation on the back of this form. This form will be kept entirely confidential). _____

T-Shirt Size (please select one): YS YM YL AS AM AL

Do you qualify for reduced/free lunch: Yes No (we are asking so that snacks/lunch can be provided)

Special health needs (including any instructions for special medical needs/food allergies): _____

AGREEMENT

1. I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to his or her participation in the program identified above. I, as the parent of the participant and on behalf of the participant, release, hold harmless and agree to indemnify **Beyond Soccer** and each of its respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the Participant may be liable to any other person, related to their participation in the program, resulting from any cause, including but not limited to ordinary or gross negligence as allowed by law.

2. I hereby certify that my child is in normal health and capable of safe participation in youth sports programs. I understand and waive related liability claims for myself and/or my child and assume all customary risks and hazards incidental to the reasonable operation and conduct of this program.

3. I hereby authorize **Beyond Soccer** to obtain medical treatment for my child in the event that I, (parent/guardian) and the child's emergency contact cannot be reached. This authorization, *intended for emergency use only*, and includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a licensed physician, nurse or dentist for my child. Any medical costs will be the primary responsibility of the parent or guardian's medical coverage.

4. I hereby give my consent for **Beyond Soccer** to use my child's photograph and likeness in its potential publications (newsletter), including its website www.beyondsoccerlawrence.org and social media pages. I release **Beyond Soccer** from any claim of violating privacy or confidentiality rights that I could assert for the above minor child and myself and attest that I am the parent or legal guardian of the child listed above.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Date

