

# Beyond Soccer's Annual Soccer & Wellness Camp

## 2016 REGISTRATION FORM

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

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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 (including periods in transit to or from the participant's destination), 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 and for the necessary transportation to and from the program, when and if provided for by **Beyond Soccer** staff or transportation contractors.

3. I hereby authorize **Beyond Soccer** to obtain medical treatment for my child in the event that parents 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](http://www.beyondsoccerlawrence.org) and Facebook page. 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

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian      Date