



Participant information / Registration Form

Event Date:..... Event Location:.....

Participant's Name:..... Participant's age:.....

Any healthcare issues/history you would like the team to be aware of regarding your child, please list:.....

Parent(s)/Guardian(s) Name:.....

Cell Phone:..... Email:.....

Emergency Contact Name & Phone:.....

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all soccer and field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity at this We Can Kick It inc. event and any injuries which myself or my children/wards may sustain while on the premises of Upper 90 soccer field. I insure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

I give permission for camp trainers and coaches or contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

In participating in We Can Kick It inc. activities, I grant permission to use the likeness, voice and words of myself in television, radio, films, newspaper, magazine and other media, and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of We Can Kick It inc. and in appealing for funds to support such activities.

Participant's Signature (Parent/Guardian if under 18):

Date