



Goal Getters Application



We Can Kick It designates this 12-week one-on-one program for children in treatment or who have received treatment for cancer. Children whose parents, guardians, or siblings have a cancer diagnosis are welcome at all other events but are not eligible for the Goal Getters program.

Parent/Guardian Information

First and Last Name: _____

Email Address: _____

Cell Phone Number: _____

Address: _____

Emergency Contact First and Last Name: _____

Emergency Contact Phone Number: _____

Participant Information

First and Last Name: _____

Current Age: _____ Age When Diagnosed: _____

What type of cancer was this participant diagnosed with? _____

Please describe any healthcare issues or medical history you would like us to be aware of for this child:

What are your expectations of this program?

Please note anything further you would like to discuss or set as a goal:

Participant Waiver & Liability Agreement

I confirm that the child I am enrolling in the Goal Getters program has received a cancer diagnosis.

I confirm that my child is not displaying symptoms of COVID-19. To my knowledge, my child has not been in recent contact with anyone diagnosed with or showing symptoms of COVID-19.

I understand that the purpose of the Goal Getters program is to help childhood cancer survivors develop and maintain fitness and soccer skills. The program is tailor-made for each participant's skill, ability, and comfort level, allowing us to review and assess achievements throughout the 12-week program.

I permit camp trainers, coaches, or contracted healthcare professionals to start preliminary treatment and arrange transportation for me to a local emergency room in the event that my child or I become ill or injured.

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 event and any injuries which myself or my children/wards may sustain while participating in the "Goal Getter" program.

I understand that the We Can Kick It Goal Getters program is not a substitute for the care you receive from your physician or other qualified healthcare providers. In consideration for being allowed to participate in the program, I agree to assume the risk of physical activity and further agree to hold harmless We Can Kick It, its employees, volunteers, and coaches from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to such claims that may result in injury or death.

I grant permission for the publication and use of my child's likeness ("Likeness") for the purpose of promotion, publicity, fundraising, or other manner or media by We Can Kick It. Likeness shall include, but not be limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials, or any other audio-visual, electronic, printed, tangible work in any media or format, now known or hereafter to become known, and/or reproductions of any of these. I agree that the actual material involved is and shall continue to be the property of We Can Kick It and that I shall not have any right of review or approval regarding my child's name and/or Likeness in such material.

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 heirs, executors, administrators, and assigns.

Parent/Guardian Signature: _____

Date: _____

*Please attach the WCKI Medical Clearance Form to your application.