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973-696-9199 - www.thesportsfactory.com

Please read the documents carefully, complete all pages and bring THE FIRST DAY OF CAMP. We will have the daily temperature check forms at the field. Campers will not be able to attend without these forms.

This authorization form is from July 1, 2020 – August 30, 2020.

CAMP ADDRESS – 970 Black Oak Ridge Rd, Wayne, NJ 07470 – Outdoor Grass Facility

NAME OF PLAYER: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT TEL #: _____

EMAIL ADDRESS: _____

Please see the checklist below. These forms are required to be brought to camp at the first check in. Please note – no one will be allowed to participate without all forms completed in full and signed.

- COVID-19 Health & Temperature Form
- Communicable Disease/Covid-19 Release Form
- TSF/Sports Factory Release Form
- Health History



The Sports Factory COVID-19 Health & Temperature Form

At The Sports Factory we value both your health and the health of our staff. As a result , for the immediate future we will be taking every safety measure to insure the health and wellbeing of our campers and their families.

Every staff member and camper will have their temperature taken upon arrival at soccer camp, and then again at the end of each camp day.

All our regular safety procedures will continue to be followed and enhanced as laid out in our camp letter.

If you would be kind enough to sign this form confirming that the campers temperature is as it reads and your child or anyone else in the household is not presently ill and was not previously diagnosed with Covid-19 or if they have since recovered and were quarantined for the required period of time prescribed by a physician.

Name (Parent / Guardian)

Temperature

Date

Signature



PLEASE READ CAREFULLY
COMMUNICABLE DISEASE/COVID-19
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

Participation in The Sports Factory, TSF Academy, Etienne Soccer School programs, events, and activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. While following Federal and State guidelines as well as our own safety protocols may reduce the risk, **THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST. THE SPORTS FACTORY, TSF ACADEMY, AND ETIENNE SOCCER SCHOOL CANNOT, AND DOES NOT GUARANTEE, WARRANT, OR REPRESENT THAT PARTICIPANTS WILL NOT CONTRACT A COMMUNICABLE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19, AS A RESULT OF PARTICIPATION IN ITS PROGRAMS, EVENTS, OR ACTIVITIES**

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS The Sports Factor, TSF Academy, Etienne Soccer School**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

Parent/Guardian's Name _____ Emergency Phone (____) _____

Parent/Guardian's Name _____ Emergency Phone (____) _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____

Parent/Guardian Signature

Date



J&S Enterprises, LLC / The Sports Factory / TSF Academy (The Club)

WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of serious injury, the club urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity including but not limited to soccer, soccer drills, conditioning, speed and agility work. You (each member, guest, and all participating family members including minors in which you are the parent/guardian) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction and or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property. This waiver and release of liability includes, without limitation, all injuries which may occur as a result of, (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) our instruction, training, supervision, or dietary recommendations, and (d) your slipping, tripping, bumping, and/or falling while in the club, or on the club premises, including adjacent sidewalks and parking areas, (e) your participation in any classes and/or clinics that are organized at off-site locations. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You expressly agree to release and discharge the club (J&S Enterprises, LLC, The Sports Factory, TSF Academy), and all affiliates, directors, owners, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the club for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Club, its agents, and employees. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

I grant TSF Academy and/or The Sports Factory (TSF) and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs or video images of my child, or in which my child may be included, for any purpose authorized by TSF Academy/The Sports Factory, including but not limited to: website use, social media, editorial publications, catalog and advertising use. This grant includes the right to modify and retouch the images at the discretion of TSF.

I understand that the circulation of such materials could be worldwide and that there will be no compensation to me for this use. Furthermore, I understand that I will not be given the opportunity to inspect or approve the finished products or the advertising copy or the printed matter that may be used in connection therewith. In granting this permission to TSF and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

Signed: _____

Print Name: _____

Date: _____

Name of Participant: _____



HEALTH HISTORY

Please specify chronic medical problems: (Diabetes,asthmas, epilepsy, food and drug allergies,etc.):

List any activity restrictions of your child: _____

Please confirm all immunizations are up-to-date: YES / NO

List any current medications your child is taking: _____

Doctors Name & Phone Number: _____

Signed: _____

Print Name: _____ Date: _____

Name of Participant: _____

