



SOCCER STARS CLINICS

REGISTRATION FORM (ONE PER PARTICIPANT)

Participant Information

First Name: _____ Last Name: _____ T- Shirt Size: **YS/YM/YL/AS/AM/AL**

Birth Date: Month _____ Day: _____ Year: _____ Gender: M / F

Address: _____ City: _____ State: _____ Zip Code: _____

Select Training Option

PRIVATE (1V1) SESSIONS (Quantity: _____) GOALKEEPING SESSIONS (Quantity: _____)

SMALL GROUP SESSIONS (Quantity: _____)

Parent/Guardian Information

First Name: _____ Last Name: _____

Phone Number: (____) ____ - _____ E-mail: _____

Emergency Information

Emergency Contact's First Name: _____ Last Name: _____

Relationship: _____ Phone Number: (____) ____ - _____

Medical Information

A). Does the participant have any allergies, chronic illness, or medical conditions? If yes, please describe:

B). Is the participant prescribed an inhaler? If yes, please explain any instructions.

Liability / Medical Release & Media Release

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by Soccer Stars Clinics, LLC during the selected camp. In exchange for the acceptance of said child's candidacy by Soccer Stars Clinics, LLC., I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Soccer Stars Clinics, LLC and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions. In case of injury to said child, I hereby waive all claims against Soccer Stars Clinics, LLC including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including soccer. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Medical Release and Authorization

As Parent and/or Guardian of the named participant, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named participant. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the Soccer Stars Clinics, LLC. and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Media Release and Authorization

I affirm that photographs and video may be taken of me and/or the undersigned minor child. I hereby authorize Soccer Stars Clinics, LLC to use any such photographs or videos containing my image or likeness and/or the undersigned minor child's image or likeness, and our names, for promotional or marketing needs, including but not limited to printed material, videos, and websites. I release Soccer Stars Clinics, LLC from any expectation of confidentiality for the undersigned minor child and myself. I attest that I am the parent or legal guardian of the participant named in this form and that I have the authority to authorize Soccer Stars Clinics, LLC to use such photographs, videos and names. I acknowledge that since participation in publications and websites produced by Soccer Stars Clinics, LLC is voluntary, neither the minor child nor I will receive financial compensation. I further agree that participation in any publication and website produced by Soccer Stars Clinics, LLC confers no rights of ownership whatsoever. I release Soccer Stars Clinics, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor child.

Signature: _____ Date: _____

Visit: www.soccerstarscamps.com
Contact Information: Coach Kwame
Call: 614-260-3180
Email: soccerstarsclinics@yahoo.com