

Amateur Athletic Minor Waiver and Release Form

Amateur Athletic Minor Waiver and Release Form

In consideration of being allowed to participate in any way in the Pioneers Soccer Developmental Clinic and relate events and activities the undersigned:

- 1) Agree that the parent(s) or legal guardians(s) will instruct minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
- 2) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction's or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further that there maybe other risks not known to us or not reasonably foreseeable at this time.
- 3) Assume all the risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4) Release, waive, discharge and covenant not sue the Pioneer Soccer Developmental Clinic, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event. All of which are hereinafter referred to as "releases", from any and all liability to each of the under signed, his or hers heirs for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. We have read the above waiver and release, and understand that I/we give up substantial rights by signing it voluntarily.

Parent/Guardian (Sign) Relationship

Printed Name of Parent/Guardian Date

Name of Participant

Address of Participant
Pioneer Soccer Developmental Clinic
Institution/Organization



Sacred Heart Women's Soccer Developmental Clinic

GET READY FOR THE SPRING SEASON!!

SATURDAY

Saturday, April 1st

9:00 am - 12:00 pm

Sacred Heart University

Fairfield, CT

Director: Kimberly Banner

Sacred Heart University

Head Women's Soccer Coach

Coaches: Current college players

Date: April 1st 2006

Time: 9:00 am -12:00 pm

Location: Campus Field (Turf Field)
Sacred Heart University

Cost: \$60.00

Make checks payable to

Sacred Heart Women's Soccer

No refunds after March 27th !!!

What to Bring:

- * Ball
- *Shinguards
- *Cleats / Turf Shoes or Sneakers
- ***Goalies need to bring all necessary equipment

What to Expect:

- *Drills that emphasize fundamental / technical skills
- *Small-sided Scrimmages



Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Health Insurance Company: _____
Health Insurance Number: _____
Emergency Contact (name and phone#): _____
Club/Premier/high school: _____
Years of Playing Experience: _____

Please fill out the above form as well as the parental release form on the back page and return by March 27th to:

Kim Banner
Women's Soccer
Sacred Heart University
5151 Park Avenue
Fairfield, CT 06825