

## 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 7th**

**10:00 am - 1:00 pm**

**Sacred Heart University**

**Fairfield, CT**

# Director: Kimberly Banner

*Sacred Heart University*

*Head Women's Soccer Coach*

**Coaches:** Current college players

**Date:** April 7th, 2006

**Time:** 10:00 am -1:00 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 27<sup>th</sup> to:

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