

# Junior League Registration

NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ALT. PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

## Circle Time and Session

WEDNESDAY (AGES 7, 8, 9) 5:30pm

WEDNESDAY (AGES 10, 11, 12) 6:30pm

Session 1 (11/7 – 12/27), Session 2 (1/16 – 3/16), Session 3 (3/12- 5/1)

## WAIVER OF LIABILITY

I / We understand that the participant named above (hereafter, the "Participant") has made application to be enrolled in an activity conducted at, sponsored by or involved in any way at Corner Kick Indoor Soccer. The undersigned participant and or their parents or legal guardian acknowledge that:

I / We understand that there are risks of personal injury associated with the participation in soccer training programs, events, and activities, which can result in temporary or permanent disabilities and severe personal loss and economic damages.

I / We understand that the CKI provides no pre-enrollment medical examination and takes no responsibility for monitoring and assessing the health and physical condition of the participant.

IN CONSIDERATION OF THE ACCEPTANCE OF THE PARTICIPANT'S APPLICATION / REGISTRATION TO ENROLL IN THE PROGRAM, AND WITH THE KNOWLEDGE OF THE ASSOCIATED RISK TO THE PARTICIPANT, I / WE AGREE TO THE FOLLOWING:

I / we consent to the participant enrolling in the CKI program, and participating in the events and activities which constitute the program.

I / we will instruct the participant to review and carefully follow all of the CKI guidelines, rules and procedures of safety and general deportment while on the Academies premises, whether or not the participant is engaged in training events or activities at the time.

I / We grant accept and assume full responsibility for consulting with a doctor about the Academies training program and hereby warrant, represent, and state that the participant named below is in good physical condition and that the participant has no disability, impairment, or ailment that would prevent him/her from engaging in the Academies program of any of the events or activities or that would be detrimental to his/her health, safety, comfort or physical condition. In the case of emergency I / We grant permission for medical treatment to be given at a local hospital.

I / We accept and assume all risk and responsibility for accidents, illness, injury, and /or damages which may result from the Participant traveling to or from or participating in any of the events or activities associated with the Academies program, and hereby waive, release and discharge the Academies its officers, directors, employees, and agents or anyone associated with the Academies from any and all liabilities therefore.

I / WE HAVE READ THE FOREGOING AND UNDERSTAND THAT ITS TERMS INCLUDE MY/OUR CONSENT AND MY/OUR AGREEMENT TO TAKE CERTAIN ACTIONS, TO ASSUME CERTAIN RESPONSIBILITIES AND TO RELEASE THE ACADEMIES FROM CERTAIN LIABILITIES. I / WE SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF TIS SIGNIFICANCE.

Parents/Legal Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_