

SOCCEROPOLIS CT CAMPS



REGISTER via EMAIL: debra@socceropolis.com (scan and email)

REGISTER by MAIL: Socceropolis, P.O. Box 271825, West Hartford, CT 06127

If you are paying by CHECK – Please make checks payable to: **SOCCEROPOLIS**

If you are paying by CREDIT CARD (Amex – Visa – MasterCard – Discover)

Cardholder Name: _____ Cardholder Signature _____

Card # _____ - _____ - _____ Expiration Date: ____/____/____ Total Amount: _____

For and in consideration of participant's registration with Socceropolis, LLC, ("Socceropolis") and being allowed to participate in Socceropolis events and activities, the parent(s) or legal guardian(s) of participants relinquish any and all liability for and cause of action for personal injury, property damage or wrongful death occurring to participant arising out of participation in Socceropolis events and activities, the sport of soccer, and/or activities incidental thereto, whenever or however they occur and by this agreement any such claims, rights, and causes of action that participant may have are hereby relinquished. Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in soccer and Socceropolis events and activities, and understand that said sport and activities involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others including the "releasees" identified below. It is further acknowledged that there may be risks and dangers not known to us or are not reasonable foreseeable at this time. Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of soccer playing fields and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees. It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of releasees. "Releasees" include Socceropolis, LLC, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event, including American School, at Hartford, for the Deaf, and each of them, their officers, directors, agents and employees. Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of soccer. I understand that there is no refund should my child be dismissed from class for improper conduct. I also understand that there are no make-ups, credits and/or transfers for any classes or camps. If your child has medical or emotional needs that may require special attention, please include exact details of any action to be taken in classes or camps, in order to attend to your child's needs. My signature below indicates that I have read and fully agree with all the registration policies stated herein:

Parent Signature _____ Date _____

CAMP SESSION # _____

CHILD'S NAME _____ M _____ F _____ DOB _____ AGE _____

Street Address _____ City _____ State _____ Zip _____

Cell # _____ Work # _____ Home # _____

Parents Names _____

Parents Email _____

For disability related accommodations, please call Socceropolis at (310) 592-5707