



TECHNICAL SOCCER COACHING CENTERS

CLINIC REGISTRATION & RELEASE FORM

Please complete and return to sstern@westhamtechsoccer.com

Player Name: _____ Date of Birth: _____

Male Female Current Club/School Team: _____

Parent Name: _____ Phone Number: _____

Mailing Address: _____

E-Mail Address (please **PRINT**...all future communication will be sent to this address):

Emergency Contact: _____ Phone Number: _____

In consideration of my son/daughter being allowed to participate in the WHUIA Technical Soccer Center Camp/Clinic, the undersigned, acknowledges, appreciates, and agrees to the following:

I understand that soccer is a vigorous sport that involves running, jumping, rotation, body contact, and rapid directional changes in movement. I understand that participation in soccer involves certain inherent risks and that regardless of the precautions taken by WHUIA staff and the participants, some injuries may occur. These injuries include, but are not limited to: sprains, strains, concussions, broken bones, dislocated joints, permanent disability, and death. I willing agree to comply with the program's stated and customary terms and conditions for participation.

I further certify that my son/daughter's present level of physical condition is consistent with the active demands of participation in soccer. Following is a complete list of all known health conditions that might affect his/her ability to participate; as well as a list of conditions and limitations that WHUIA staff need to be aware of:

I hereby give my approval of his/her participation and assume all the risks and hazards incidental to his/her participation in this program. I do further release, absolve, indemnify, and hold harmless the West Ham United International Academy, the organizers, sponsors, supervisors, volunteers, other participants, and lessor of premises used to conduct this event and hereby waive all claims against them. I am voluntarily requesting permission for my son/daughter to participate.

Signature of parent/guardian

Printed name

Date