



2012 Winter Academy REGISTRATION FORM



"It is all about the... **1st Touch Soccer Academy, LLC** 1st touch!"

P.O. Box 99, Ono, PA 17077 | Telephone: (717) 507-3392
info@1sttouchsoccer.net | http://www.1sttouchsoccer.net

Participant's Name: _____ Age: _____ Gender: _____

Club Name/Team: _____ Club/Team Coach: _____ Years playing soccer: _____

Parent(s)/Guardian(s) of Participant: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Email: _____

(Please list the number that is best to reach you in case of emergency.)

(This is the primary form of communication. Please write legibly.)

Spots will be filled on a first come, first serve basis. Non-refundable fee of \$59 (check or cash) must be received, along with registration form, in order for registration to be final and have your spot secured.

Cost is **\$59.00** for each participant. Please make checks payable to "1st Touch Soccer Academy."

Sundays - January 15, 22, 29; February 5, 12, 19 @ Lebanon Valley College (Arnold Sports Center – court 3 or 4)

Please select the session for which you would like to register:

2-3 pm → Field Players (boys/girls, ages 5-11) Goal Keeping Academy (boys/girls, ages 10-13)

3-4 pm → Field Players (boys/girls, ages 12-17) Goal Keeping Academy (boys/girls, ages 14-17)

* The focus of the winter academy is individual player development. GK Academy focuses on GK specific technique.

* Each participant needs to bring his/her own soccer ball, shin guards, appropriate footwear for indoors and water bottle.

Participant's Insurance Provider/Carrier: _____

Policy Number: _____

Name of Participant's Physician: _____ Phone: () _____

Special Conditions for Participant (e.g. medical, allergies, physical etc.) _____

I hereby certify that the above named participant is in good physical condition and capable of participation in strenuous physical activity and that all the above information is correct. I hereby give my approval for his/her participation in any 1st Touch Soccer Academy activities. I authorize the director, supervisor or coaches to act for me in their best judgment in any emergency requiring medical attention. I recognize that insurance coverage on any injuries to the participant received during or in connection with 1st Touch Soccer Academy activities is the responsibility of the parent(s) or guardian(s) and their insurance policy.

Signature of Minor Participant's Parent or Guardian: _____ **Date:** _____

Waiver and Release from Liability

In consideration of being allowed to participate in any athletic/soccer event sponsored by 1st Touch Soccer Academy, LLC, and any related events and activities, and intending to be legally bound, I / we the undersigned:

1. Agree that the parent(s) and / or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is 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, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I/we acknowledge that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue 1st Touch Soccer Academy, LLC, its affiliated clubs., their respective owners, administrators, directors, agents, coaches, and other employees of the organization, any contractors and subcontractors of the organization, other participants, sponsoring advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin 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 releasees or otherwise.

I / WE, HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature of Minor Participant: _____ **Date:** _____

Signature of Minor Participant's Parent / Guardian: _____ **Date:** _____