



Presented by the Decatur Park District

## Soccer Camp Registration Form

August 2 - 5, 2010 • Decatur Soccer Complex

### Session Information - VSI#

August 2 - 5, 2010 (check session desired)

- 5:15 - 6:30 p.m.    Ages 5 - 8    390007-04  
 6:30 - 7:45 p.m.    Ages 9 - 11    390007-05  
 7:45 - 9 p.m.    Ages 12 - 18    390007-06

### Personal Information

Player's Name \_\_\_\_\_ Check One:  Male  Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Club Team \_\_\_\_\_  
Shirt Size:  Youth-M     Youth-L     Adult-S     Adult-M     Adult-L     Adult-XL  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Waiver/Release of All Claims Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District").

I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the waiver and release of all claims and assumption of risk. If registering online or via fax, my online or fax signature shall substitute for and have the same legal effect as an original form signature.

**PHOTO WAIVER:** I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videos of my child/ward or me to be used to promote the Park District. Such photos and videos will remain the property of the Decatur Park District.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(18 years or older or Parent/Guardian)

NOTE: The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.

### Payment Information

Cash  
 Check (please make checks payable to Decatur Park District)  
 Credit Card:  Visa     MasterCard     Discover     American Express  
Card #: \_\_\_\_\_ 3 digit security #: \_\_\_\_\_ Exp.: \_\_\_\_\_  
Signature: \_\_\_\_\_