

PROGRAM: _____

START DATE: _____ **DAY:** _____ **TIME:** _____

SECOND CHOICE: _____ **DAY:** _____ **TIME:** _____

PARTICIPANTS INFORMATION:

Players Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Home Phone: _____ Work Phone: _____

T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM

Check #: _____ **MAKE CHECKS PAYABLE TO: Professional Soccer Academy**

Charge: _____ Visa MC Discover

ACCOUNT #: _____ EXP. DATE: _____

Print Card Holders Name: _____

Card Holders Signature: _____

Send Application & Fees To: **Professional Soccer Academy**
 545 S. Consumers Avenue, Palatine, Illinois 60074
 Phone Number: 847-394-9860 / Fax Number: 847-394-9942

WAIVER & RELEASE MUST BE FILED OUT COMPLETELY:
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the SOCCER ENTERPRISES, INC. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential form permanent paralysis and death and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation: and,
3. I willingly agree to comply with stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard my presence or participation, I will remove myself from participation and bring such attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SOCCER ENTERPRISES, INC., their officers, officials, agents and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Release") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES, OR OTHERWISE.
5. In addition, Soccer Enterprises Inc., its agents or employees, nor the owner assume no legal liability for items lost or stolen as a result of my participation within the facility.
6. We have inspected and accept the facility in the condition in which we find it. We understand that Soccer Enterprises, Inc. is not warranting the condition of this arena.
7. I hereby grant Soccer Enterprises, Inc. and its agents permission to use, without compensation, my and/or my childs image, likeness or voice in connection with any promotional materials including, but not limited to, brochures, advertising and broadcasts

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X

 Parent/Guardian's Signature

 Date Signed

X

 Print Parent/Guardian's Name

OFFICE USE ONLY

Receipt #: _____ Amount \$: _____ Check#: _____ Charge: _____ Cash: _____ Initials: _____