



## PARTICIPANT SIGN-UP FORM

Please mail to address on bottom of form

### CONTACT INFORMATION

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Female ☐ Male

Club Team: \_\_\_\_\_

Level: ☐ Recreational ☐ Classic ☐ WAGS/NCSL ☐ Other

Specify Other: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### PHOTO RELEASE

☐ By checking this box, you DO NOT give Pivotal Play Soccer Training permission to use pictures and/or videos of myself and/or my minor child taken while attending Pivotal Play Soccer Training classes, sessions, clinics, and/or camps to be used without limitation and without remuneration

### PARTICIPANT MEDICAL/INSURANCE INFORMATION

By signing up, you agree that participating in Pivotal Play Soccer Training activities, clinics, practices, events, and/or camps requires that you carry your own Medical/Hospital Insurance.

**\*\*\*Please attach a copy of the front and back of your medical insurance card.**

### WAIVER OF LIABILITY

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree for myself and/or my minor child:

1. The risks of injury from the activities involved in this program are significant, including the potential for permanent injury, paralysis and/or death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, for myself and/or my minor child, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my and/or my minor child's participation.
3. I willingly agree to comply with the terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself and/or my minor child from participation and bring such to the attention of the nearest instructor immediately.
4. I, for myself and/or on behalf of my child, my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, IDEMNIFY, AND HOLD HARMLESS PIVOTAL PLAY SOCCER TRAINING, LLC, its officers, officials, trainers, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, suits, demands, losses, and/or damage to person or property – whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
5. All matters arising out of this contract will be governed by the laws of the State of Maryland.

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

X \_\_\_\_\_  
Participant Signature Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

6. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from all liability incidents to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature Date

### HEALTH INVENTORY

Please list any medical conditions and/or behavioral conditions, if any (i.e. allergies, medications, and/or injuries)

I hereby state that myself and/or my minor child is in good health and has my permission to participate in all Pivotal Play Soccer Training activities. I authorize Pivotal Play Soccer Training staff to act for me in securing medical treatment for myself and/or my minor child in the event of an injury and/or illness. X \_\_\_\_\_

Parent/Guardian Signature Date