## Performance Soccer Academy / Summer Camp - July 7th to July 11th, 2025

PARTICIPATION AGREEMENT (Waiver) FOR THOSE UNDER 18 YRS By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: \_\_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_



**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities and events of the Performance Soccer Academy and Summer Camps, **I ASSURE TO YOU THAT:** 

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.

2. I believe that my child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the Performance Soccer Academy Summer Camps Program.

3. I hereby acknowledge that I am aware of the risks and hazards associated with soccer training. The risks and hazards include, but are not limited to injuries from:

- a. Executing strenuous and demanding physical techniques in outdoor soccer
- b. Falls to ground due to, but not limited to, contact with other players during game play, drills, and warm-ups.
- c. Collisions or contact with field equipment, goals, soccer equipment and other participants;
- d. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- e. Contact, colliding or being struck by other participants, spectators, or equipment
- f. Vigorous physical exertion and strenuous cardiovascular workouts;
- g. Poor field conditions, inclement weather, and unforeseen or sudden climatic events / natural disasters;
- h. Exerting and stretching various muscle groups;
- 4. Furthermore, I am aware that my child/ward may:
- a. Sustain injuries while participating that can be severe, cause spinal cord injuries and even be fatal;
- b. Experience anxiety while challenging himself /herself during the activities, events and programs;
- c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;

And I am aware that:

- d. Risk of injury is reduced if he/she follows all rules established for participation; and
- e. Risk of injury increases as he/she becomes fatigued.

**I UNDERSTAND AND AGREE,** on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.

6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.

7. I agree to accept all these risks and hazards and be responsible for any injury or loss which my minor child/ward might receive while participating in these events, activities and programs.

8. If something happens to my child/ward, I release the Organizers of responsibility for any claims, demands, actions and costs, which might arise out of my child/ward's participation. I understand "Organizers" to mean: Performance Soccer Academy - Summer Camps Program.

## **Accident Insurance**

Executing this agreement will not preclude you from your own family/ school accident insurance coverage, subject to the terms of the Performance Soccer Academy. By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement.

Performance Soccer Academy Summer Camp: July 7, 8, 9, 10 & 11

Registration Form	1 1 10	yer min	0.						
Participant's Name:									
Gender:		Male Date of Birth: (day / month )							
Age:	Date								
Grade:	School attending:								
Shirt sizing:	YS	YM	YL	YXL	AS	AM	AL	AXL	
Parent /Guardian:	First name First name				Cell # Surname				
Parent /Guardian:					Cell # Surname				
Address:									
City:					Post	tal Code:			
Home Ph.#:					Ema	ail:			
*Emergency Contact: First name					Cell # Surname				
Options for Compl	leting	Registr	ation:		ww	w.perfo	ormand	<u>cesoccer.ca</u>	
a) Mail-in forms ar	nd che	ques to:	Perf	ms Gat		ccer Aca inbach, 4			
<b>Costs</b> : (Ages) 5 to *114.30 +									))
(Ages) 9 to *161.95 +								m to 1:00pn back)	ו <b>(\$170</b>
b) Phone/Text: 20	4-346	-2922 +	o arran	ige for d	ron-o	off or F	Trancf	er	



Registration Form – Player info

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c) Email: srebizant14@gmail.com

\*Note: If paying by cheque, make payable to: <u>"PERFORMANCE SOCCER ACADEMY"</u> (Cash or Cheques will be accepted for registration) \*DEADLINE for Registration - June 17th, 2025