



**Magnus Mukoro
Sports Foundation**

DOUBLE DUTCH REGISTRATION FORM

Date: _____

Child's Name: _____ DOB: _____ Sex: M/F

Parent/Guardian's Name(s): _____

Contact Phone Number(s): _____

Emergency Contact Name & Number _____

Email(s): _____

List of Medical Conditions:

POLICY AGREEMENT & CONSENT

REFUND POLICY: I understand that no refund will be made

MEDICAL RELEASE: I represent that I am the parent or legal guardian of the child that I am enrolling, and I hereby give authority to the Magnus Mukoro Sports Foundation ("MMSF") to obtain medical treatment in the case of an emergency

PHOTO/MEDIA RELEASE: I hereby give permission for my child to be photographed and any photo or video taken to be used in promotional media.

I understand that MMSF reserves the right to withdraw my child for any reason.

I understand that MMSF has no resources or support staff for students with special athletic needs

I, the parent/guardian of the above-named player, acknowledge that soccer is a physically-demanding activity in which certain hazards that may result in injury are inherent, and that my child's participation is completely voluntary. I acknowledge, that although MMSF has taken safety measures to minimize the risk of injury to participants, MMSF cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I recognize and have instructed my child of the importance of knowing and abiding by MMSF's rules and procedures for the safety of all participants. In consideration of the player's participation in activities sponsored by MMSF, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify MMSF, its officers, directors, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the activities sponsored by MMSF. I agree to cover all medical bills not covered by my insurance.

I have read and understand the Terms and Conditions and General Release and wish to enroll my child in ONE LOVE DOUBLE DUTCH PROGRAM.

Signature of Parent/Guardian _____ Date: _____