



PHUTBOL PHENOMS WINTER REGISTRATION 2017/2018

PHUTBOL PHENOMS Soccer Academy is for children ages six and up who are serious about advancing their soccer skills. Training sessions will also include conditioning. If you and your child are willing to put in the work, we will help your child to reach whole new level of play.

Training will emphasize the fundamentals of soccer, ball possession, first touch and small sided games. Our curriculum will be challenging and is intended for players who are serious about the sport.

Player First Name	
Player Last Name	
Home Street Address	
Home City	
Home State, Zip Code	
Phone Number	
Birth Date (month/day/year)	
Player Gender	
Name of Parent/Guardian #1	
Name of Parent/Guardian #2	
Email address to contact parent(s)/guardian(s)	
Phone number to call in case of an emergency	

Player MUST WEAR PHUTBOL PHENOMS practice training shirt, black shorts, black socks, soccer cleats, shin guards, and bring their own ball.

By signing this document, I acknowledge that I understand the requirements listed above

Parent Name: _____ Parent Signature: _____



Waiver of Liability for _____

CHILD'S LAST NAME, CHILD'S FIRST NAME

In Consideration of my child being allowed to participate at **Phutbol Phenoms Soccer Academy** training, the undersigned, on his or her behalf, and on the behalf of the child identified above, acknowledges, appreciates, and agrees to the following conditions:

I represent that I am the parent or legal guardian of the child named above. I agree that the child named above and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in the **Phutbol Phenoms Soccer Academy** training. I am aware that there are inherent risks associated with participation in soccer, in contact sports in general, and in the **Phutbol Phenoms Soccer Academy** training. I, on behalf of myself and the child named above, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

I hereby allow my child, named above, to participate in all the activities of the **Phutbol Phenoms Soccer Academy** training. I do hereby release in full, discharge, and hold harmless **Phutbol Phenoms Soccer Academy**, its employees, coaches, volunteers, agents, and assigns from any and all claims, demands, rights and/or causes of action whatsoever kind or nature, including but not limited to claims for negligence, negligent supervision, premises liability, and any other cause of action arising from or by any reason of any and all known and/or unknown, foreseen and/or unforeseen bodily and/or personal injuries, death, loss and/or damage to property, and the consequences thereof resulting or which may result from my child's participation in the **Phutbol Phenoms Soccer Academy** training at *Elite Sports Performance (ESP) in Oswego*.

I understand that my child named above is expected to, and must, follow directions and use ordinary care for his or her own safety while at *Elite Sports Performance (ESP)* and while participating in the **Phutbol Phenoms Soccer Academy** training. It is particularly important that participants stay with the group to ensure they are being supervised. If your child is creating conditions that may harm him or herself or another child, we reserve the right to require your presence during **Phutbol Phenoms Soccer Academy** training. In extreme circumstances, we reserve the right to dismiss your child from the rest of the **Phutbol Phenoms Soccer Academy** training sessions without a fee refund.

I give my consent for the personnel of the **Phutbol Phenoms Soccer Academy** to secure emergency medical care and/or first-aid treatment, as my child, named above, might require while under supervision of said personnel. I agree to hold harmless and forever discharge **Phutbol Phenoms Soccer Academy** and its employees, volunteers, agents, and assigns from any liability for any negligence in the securing of emergency medical care and/or first-aid treatment for my child.

If your child has allergies or other medical conditions you must advise us of all those conditions in writing prior to your child starting participation in the training.

I hereby grant to **Phutbol Phenoms Soccer Academy** the right to use and publish photographs of my child, or in which he or she may be included, for website design, editorial, trade, merchandising display, and/or advertising for the purpose of promoting the **Phutbol Phenoms Soccer Academy**; to alter the same without restriction, and to copyright the same. I hereby release in full the **Phutbol Phenoms Soccer Academy** from all claims and liability relating to said photographs.

Dated: _____

Parent/Guardian: _____ Signature: _____