

Registration-Waiver-Release for South American-style Soccer Camp

sponsored by **KASA (Kingdom Alive Soccer Association)**

July 25–28, 2023 - Camp is at Marion Christian Center, 1550 Richland Rd., Marion.

Registrant's name: _____ Birth Date: _____

Address: _____

School: _____ Grade: __ Restrictions, Medical or other: _____

Parent/Guardian: _____ Cell: _____ Email: _____

Parent/Guardian: _____ Cell: _____ Email: _____

Indicate the session for which this player is registering by marking with an "X."

Tues. July 25, ages 5-8: 9am – 12pm skills, technique, tactics; 1pm – 3pm match play. \$45

Weds. July 26, ages 9-11: 9am – 12pm skills, technique, tactics; 1pm – 3pm match play. \$45

Thurs. July 27, ages 12-14 (Middle School): 9am – 12pm skills, technique, tactics; 1pm – 3pm match play. \$75 (for 2 days; this includes Fr. July 28)

Fri. July 28, ages 12-14: 9am – 12pm *advanced* skills, technique, tactics; 1pm – 3pm match play. (Included in above \$75; the MS bracket is designed to be a 2-day camp.)

Fee Paid: \$ _____. Check one: cash ; check* (no. _____); Venmo @Karen-McGuire-54

Permission to Participate and Waiver of Liability & Medical Release

I, the undersigned, hereby hold harmless Kingdom Alive Soccer Association (KASA), and waive any and all claims that I, my heirs, and/or assignees may have against KASA, GAP of Marion Ohio, Marion Christian Center, and all affiliates, participating teams, organizations, contributors, or any person or entity whatsoever involved with this program, for any personal injuries or property damage that the below named soccer player may sustain or which may arise out of her/his participation in this activity/program. I also assume full responsibility for any damage (personal or property) that she/he may do or cause while participating.

I also warrant and represent that she/he does not have any physical disability, condition, or any other problem/situation, which in any way prevents her/him from participating in any physical activity associated with KASA. I am a legal parent/guardian of the below named soccer player, and as such I do hereby give my permission to have the named player given emergency medical or dental treatment necessitated by injury or illness while participating in KASA soccer/events.

As evidenced by my signature below I hereby release KASA (et al) from any and all liability associated with the registrant's participation in this soccer camp and related events, and do grant permission for the named player to participate. I further stipulate to comply with KASA's Code of Conduct.

Soccer Player (please print)

Date

Parent/Guardian (please print)

Parent/Guardian Signature

**Checks made to KASA, mail to Jeff McGuire 1988 Whetstone River Road South, Marion, OH 43302.
Questions? Call/text 614-975-6763 or email jeff.c.mcguire@gmail.com
June 12, 2023*