



www.onelovesoccer.org

Date: _____

New Player

Spring/Summer Session

Returning Player

Summer/Fall Session

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

Parent/Guardian's Name(s): _____

Contact Phone Number(s): _____

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 One Love Soccer, Inc. 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 One Love Soccer, Inc. reserves the right to withdraw my child for any reason.

I understand that One Love Soccer, Inc. 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 One Love Soccer, Inc. ("ONE LOVE") has taken safety measures to minimize the risk of injury to participants, ONE LOVE 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 ONE LOVE's rules and procedures for the safety of all participants. In consideration of the player's participation in activities sponsored by ONE LOVE, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify ONE LOVE, 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 ONE LOVE. 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(ren) in ONE LOVE.

I have also read the attached Code of Conduct for Players, Parents and Coaches and agree to abide by them as a condition for registering my child.

Yes, I, received a copy of THE CODE OF CONDUCT

Signature of Parent/Guardian _____ Date: _____

FEES:

Payment & Fee Options

In order to make One Love Soccer affordable and accessible to all, we offer sliding scale payment options (please see below). So, you determine how much you want to pay us!! How awesome is that!!

SLIDING SCALE PAYMENT OPTIONS: **At check-out, simply enter the amount you can pay!

1) \$250, 2) \$200, or 3) \$150

****If you are unable to make any of these payments, please speak to a One Love Soccer, Inc. representative)**

To accommodate those who need to pay at the lowest rate or may need some financial assistance, we ask that you please pay at the middle or high rate if at all possible. Thank you.

****If you decide to register at the field, we accept cash, checks or money orders.**

****We have two seasons (Spring/Summer & Summer/Fall) that are each generally 10 - 12 weeks long and practice is held on both Saturdays and Sundays. However, during Brooklyn Tech's football season access to the field may be limited, so periodically, go to www.onelovesoccer.org/calendar.html to confirm exact practice dates/time.**

****Although we provide soccer balls, players are encouraged to bring their own soccer balls to practice.**

****Players must bring their own water bottles to each practice and game.**