



ST SEBASTIAN SP RTS

SUMMER SOCCER CAMP

COME AND JOIN US FOR THE MOST FUN WEEK OF THE SUMMER

ONLY \$20 FOR A FULL WEEK OF SOCCER SKILLS AND FUN

CABRINI SCHOOL

JUNE 25th - 29th 2018

9 am - 12pm

Join the Professional Soccer Coaches from Evolution Soccer at this fantastic week of Soccer Camp hosted by St Sebastian Sports Project.

Please complete the form on the back and have your Principal or Athletic Director register each student with their name, sex and grade (2018-2019) to mhodson@evosoccerprograms.com

by 6/15. A limited number of scholarships are available.



EVOLUTION SOCCER ACADEMY LLC

PLEASE COMPLETE EACH SECTION BELOW AND SIGN							
Players Name	Male Female (Circle)						
D.O.B (mm-dd-yy)							
Shirt Size	YS	YM	YL	AS	AM	AL	AXL
Parent Guardian Name							
Email Address							
Cell number							
Address							
Family Doctor							
Allergies/Relevant Medical Information (If any)							
Payment Amount Included							

PLEASE READ CAREFULLY:

ASSUMPTION OF RISK: As the parent or legal guardian of the player I am registering a minor ("Player") and for myself and on behalf of the Player,

I acknowledge that participation in the sport of soccer necessarily involves play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis, and death. For myself, and on behalf of the Player, we willingly and voluntarily accept and assume all such risk.

COMPLIANCE: For myself and on behalf of the above Player, I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation in the programs offered by Evolution Soccer Academy LLC ("Evo") and Saint Sebastian Sports Project, Inc. ("SSSP"), and their respective teams and affiliates, and its directors, officers and agents. **NOTIFICATION OF HEALTH CONDITION:** If the Player or I am aware of any unusual or significant health condition that could affect the player's readiness or ability to participate in the Evolution Soccer Academy LLC ("Evo") athletic programs, I agree to remove him/her from participation and immediately bring such concerns to the attention of the nearest coaching staff member and club official.

AUTHORIZATION TO USE PHOTOGRAPHS OR VIDEO: I further agree and consent to the use of photographs or video of the Player while participating in the OCYDSL athletic programs by Evolution Soccer Academy LLC and SSSP

WAIVER AND RELEASE: In consideration for accepting the registration and/or permitting the voluntary participation of the above named Player in its programs, for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless Evo and SSSP and their respective employees, volunteers, managers, administrators, coaches, officers, sponsors, and other representatives and any and all owners, lessors, lessees, public entities supplying fields or other persons or entities allowing, permitting or authorizing the use of facilities by Evo and SSSP and their respective independent contractors, from any and all claims, demands, costs expenses and compensation, including negligence, arising out of or in any way related to any injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Evo or SSSP event, whether foreseeable or not, including without limitation any physical or other injury caused by the negligence of any person or entity described above. I intend for this waiver to be as broad and inclusive as permitted by law, and that if any portion of this waiver should be deemed invalid, the remainder will remain in full legal force and effect.

EMERGENCY AUTHORIZATION AND CONSENT: I, the undersigned parent or legal guardian of the above Player, a minor, authorize the coaches, team parents and team volunteers, the above-identified Emergency Contact and/or other Evo or SSSP officers, officials and coaches to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/ or treatment.

No refunds shall be made once team assignments have been released. An administration fee of \$25 will be charged if a refund is requested before the rosters have been released.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION AND CONSENT, COMPLIANCE, ASSUMPTION OF RISK, WAIVER AND RELEASE, AND NOTIFICATION OF MEDICAL CONDITION AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SUBMITTING THIS FORM AND AGREEING TO THESE TERMS, AND I AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PLAYER.

Your registration cannot be completed until you approve of these terms

(Please Sign) _____ (Date) ____/____/2018