

4v4 Tournament Soccer Day Mail-In Registration Form

Sunday, May 31, 2015 @ 10:00am-2:00pm
Pine Grove Soccer Field, 8 Altarinda Road, Orinda CA 94563
4-6 Players per team - Ages 10-13, Boys/Girls
\$180/team

Please make checks payable to Stefan Clemens and mail to 12 Ketelsen Drive, Moraga, CA 94556 with the completed form below.

Waiver, Release and Assumption of Risk: In consideration of the applicants participation in the above activity, I waive and release all claims for damages for death, personal injury, or property damage that may occur as a result of engaging in that activity. This discharges in advance the 4v4 Soccer Tournament Day, Stefan Clemens, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk are binding on my heirs and assigns. I give permission for any medical care that the leaders of the above deem necessary. I also agree to accept full responsibility, financial and otherwise, for the conduct of my child. I understand that this registration fee is non refundable should my child be dismissed from the clinic for improper conduct. I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of the likeness, voice and/activities of my child and further authorize the 4v4 Soccer Tournament Day, Stefan Clemens, its agents or assigns, to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation, now or in the future, for participating. I do hereby release and hold harmless the 4v4 Soccer Tournament Day, Stefan Clemens, its officers and employees, from any claims. **My signature below indicates that I have read and fully agree with all registration policies stated herein:**

Parent Signature _____ Date _____

Child's Name _____ M ___ F ___ Age _____ Date of Birth _____

Address: _____

Home phone# _____ Cell phone# _____

Email Address _____ Emergency Contact Name _____

Emergency Phone # _____ Physician Name & Phone _____

Team Name: _____

Your Team Members: _____