

EFC QUICK SAVE KEEPER CAMP



REGISTRATION FORM

Participants Name: _____ Parent's Name: _____

Address: _____ City: _____ State: _____

Zip: _____ (H) Phone: _____ Email: _____

Camp or Clinic Date: _____ Age of Participant: _____

Emergency Contact (if different from Parent and (H) Phone): _____

Beginner _____ Intermediate _____ Advanced _____

If applicable: T-Shirt Size: _____ Goalie Gloves Size: _____

Payment: Check# (made out to Erie Futbol Club) _____ Total Cost: _____

Waiver/Exclusion Clause:

I, the undersigned parent/guardian/participant of age, in enrolling for a soccer class/league/camp/tournament, understand that in attending any sports program and using the facilities does so at participant's own risk. Erie Futbol Club, Inc., its owner, employees and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and family on the premises. Participants, parents and guardians assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and does hereby fully and forever release, discharge and hold harmless Erie Futbol Club, Inc., and all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any program or use of its facilities. In addition, participant agrees to follow the rules of play and conduct set by Erie Futbol Club, Inc. Participant, parent/guardian understands that failure to do so may result in suspension from participation. I, the undersigned parent of/ guardian of/ legal age participant

do hereby grant authority to the staff of Erie Futbol Club, Inc. to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signed: _____ Date: _____