

FITNESS FOR FUN

Speed and Agility Registration Form

Athlete's Name: _____ Age: _____ Date of Birth: _____
Sports Associated With: _____
Parent/Guardian Name/Names: _____
Home Address: _____
Emergency Contact Phone #'s: _____
Contact Email Addresses: _____

Session- Day/Time _____ **Payment Method:** _____

Medical Information:

Physician: _____ Phone#: _____
Medical/Hospital Insurance Company: _____
Policy Holders Name: _____ Policy #: _____

Disclaimer/Release of Liability

I understand that participation in these training sessions involves numerous physical demands and may be potentially hazardous. In choosing to participate in the training sessions, I fully accept and assume all risks, including, without limitation, risks of contact with other participants, physical injury, mental injury, emotional distress, trauma, death, property loss, effects of weather including extreme temperature or conditions, all such risks being know and appreciated by me.

I certify that I am in good physical health and able to participate in these training sessions. I understand that in the event of an emergency, all attempts will be made to contact my emergency contact; however, in the event that they cannot be reached, I hereby authorize the owner, staff and/or trainers of Capital District Soccer Center to secure any and all medical treatment necessary. I further authorize any attending physician to render any and all necessary medical care.

Knowing these facts and in consideration for participating in these sessions, I forever release, waive, discharge, covenant not to sue and agree to indemnify and hold Guilderland United Soccer Club, FitnessForFun , its owners, directors, staff, officials harmless from any claims, demands, and actions of any kind which I have, may have or which may hereafter accrue against the released parties directly or indirectly arising out of or relating, in any respect, to participation in these training sessions.

I have read this agreement disclaimer and release and agree to and accept the terms.

X _____ Date: _____
Signature of Participant or Guardian