

CLASSIC CITY CENTER SOCCER LEAGUE REGISTRATION/WAIVER FORM

Player Name _____

Date of Birth _____ Parent/Guardian _____

Player Address _____

Phone _____ Cell _____

Insurance Company _____

E-Mail (required) _____

Division – Circle One

U18 girls	U16 Coed	U18 boys	Adult A Under 30	Adult B/C Over 30
		U8	U10	U12
			U14	

Session Desired: (place an **X** on the line below)

_____ Fall Session	U16 through Adult C	October 29, 2015 to January 15, 2016
_____ Fall Session	U8 through U14	November 14, 2015 to January 23, 2016
_____ Winter Session	U16 through Adult C	January 18, 2016 to March 18, 2016
_____ Winter Session	U8 through U14	January 30, 2016 to March 12, 2016
_____ Spring Session	(April 11, 2016 – May 20, 2016) ** \$35.00 per player	

**Team cost: \$720.00 / team for U16 through Adult C (9 week session)(\$200 deposit)
\$560.00 / team for U8 through U14 (7 week session)(\$200 deposit)**

Team Name: _____

Individual Cost: \$80.00 each player not signing up with a team.

Age Verification – A copy of birth certificate, State ID, or Driver’s License must be on file in the office.

A signed liability waiver form must be on file before participating in any activity at the CCC.

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION • PHOTO RELEASE

ASSUMPTION OF RISK. I recognize that sports can be dangerous and that severe injuries, including paralysis or death can occur in any activity involving height or motion, such activities including but not limited to gymnastics, tumbling, trampoline, fitness activities, dance, cheerleading, soccer and ball sports. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all programs and activities at Classic City Center for Arts and Athletics and its affiliated entities including but not limited to Classic City Gymnastics, Ranger Academy of Excellence, Turning Pointe Dance Academy, Rocket Football, PreCseason Baseball, Bubble Soccer Ballz, all private instruction and I **ACCEPT ALL RISKS ASSOCIATED WITH SUCH PARTICIPATION.**

WAIVER OF LIABILITY. In consideration for my or my child(ren)’s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Classic City Center & Affiliates and their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.

MEDICAL AUTHORIZATION. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Classic City Center and Affiliates and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Classic City Center and Affiliates.

PHOTO RELEASE. I am aware that parents, grandparents, media, employees or other persons may take photos or videos on the Classic City Campus and in consideration for my or my child(ren)’s participation I hereby grant my permission for my or my child’s likeness to appear on the internet or in electronic or printed publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN:

Printed Name: _____ Signature: _____ Date: _____