

CLASSIC CITY CENTER SOCCER LEAGUE REGISTRATION/WAIVER FORM

Player Name _____ DOB _____

Player Address _____

Phone _____

Division – Circle One

U18 girls	U16 Coed	U18 boys	Adult A	Adult B	Adult C O23
U8	U10	U12	U14	Adult REC O30	

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

_____ Fall - 10 weeks U16 through Adult REC October 27, 2016 to January 20, 2017

_____ Fall - 7 weeks U8 through U14 November 12, 2016 to January 14, 2017

_____ Winter-9 weeks U16 through Adult C January 23, 2017 to March 24, 2017

_____ Winter- 7 weeks U8 through U14 January 28, 2017 to March 11, 2017

_____ Spring- 6 weeks U14 Through Adult Rec April 11, 2017 – May 16, 2017 ** \$35.00 per player

- **Team cost: FALL \$800.00 / team for U16 through Adult C (10 weeks) \$200 deposit**
 - **Fall \$720.00/ team for Adult Rec, over 30 (10 weeks)**
 - **Winter \$720/team for U16 through Adult C (9 weeks) \$200 deposit**
 - **Winter \$640/team for Adult Rec, over 30(9weeks)**
 - **W/F Youth \$560.00 / team for U8 through U14 (7 weeks) \$200 deposit**

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, Baseball, Bubble Soccer Ballz, Ninja Warrior all private instruction and **I ACCEPT ALL RISKS ASSOCIATED WITH SUCH PARTICIPATION.**

WAIVER OF LIABILITY. In consideration for me 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 Affiliate’s.

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.

Signature _____ Printed name _____ Date _____

PARTICIPANT / LEGAL GUARDIAN