

# Cazenovia Soccer Academy

**\*\*\*\* Soccer Camp @ Fenner Fields \*\*\*\***

## Please Note Camp starts Sunday

<b>Ages: Boys and Girls entering 5<sup>th</sup> – 12<sup>th</sup></b>	<b>K – 4th grade grade in the fall*</b>
<b>When: August 12<sup>th</sup> – 15<sup>th</sup>, 2018</b>	<b>When: August 13<sup>th</sup>-16<sup>th</sup> Monday-Thursday</b>
<b>Time: 5:00pm – 8:00pm*</b>	<b>Time: 9:00 a.m.–12:00 award ceremony noon Thursday</b>
<b>Cost: \$110</b>	<b>Cost: \$70</b>
Collegiate and High School Coaches	Men and Women's High School Coaches & Players

\*Goalie training will start at 3:45 each day.

**\* No make ups will be scheduled for rain dates.**

Please fill out the bottom of this form with a check payable to: **Cazenovia Youth Soccer Association**  
Mail to: **Susan Baldwin, 126 Lincklaen Street, Cazenovia NY 13035.**

### **REGISTRATION DEADLINE: July 31, 2018**

**Family Discount:** First child pays full price. Each child after that can deduct \$10 from the registration fee.

**Late Registrants:** Any registration accepted after July 31, 2018 must pay an additional \$20 late fee.

Player's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**T-Shirt Size: YOUTH:** Med ( ) Lg ( ) XL ( ) or **ADULT:** Sm ( ) Med ( ) Lg ( ) XL ( )

Parents/Guardians Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone #'s Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency \_\_\_\_\_

**QUESTIONS:** Please call Susan Baldwin at (315) 655-8044

### **WAIVER**

Hereby release, discharge and covenant not to sue the coaches, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, sponsors, advertisers, and if applicable, owner and lessors of premises on which the activity takes place. FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES ON MY ACCOUNT, CAUSED OF ALLEGED TO CAUSE, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND I FURTHER AGREE, that if, despite this release and waiver of liability, assumption of risk, and indemnity and parental consent agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such claim.

### **SUPERVISION**

The coaches and the Cazenovia Youth Soccer Training Committee members cannot be expected to provide supervision prior to and after training sessions. I understand supervision of my child prior to, during and after is my responsibility as a parent or guardian.

### **INFORMED CONSENT**

In consideration of my child's participation in the Cazenovia Youth Soccer program, I as parent or legal guardian together with my child understand that participation in this program can result in injury, disease, sickness, and even death. I agree to the terms by the Associations bylaws and decisions.

### **MEDICAL INFORMATION**

I as parent or legal guardian certify that my child's physical condition is at a level sufficient to participate and has no disease, injury, or medical condition that would limit or impair his or her participation. I will contact the child's coach and the soccer association immediately of any accident, disease, or injury sustained during a program activity.

Signed \_\_\_\_\_ Date \_\_\_\_\_

As parent or guardian of the above child