

# HASTINGS SOCCER CAMP

## REGISTRATION FORM AND WAIVER

### Player/Parent Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_

Grade for 2022-2023 school year: \_\_\_\_\_

Last school you attended: \_\_\_\_\_

Have you played soccer before? YES NO

Parent/Guardian Names: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

### **ALIEF INDEPENDENT SCHOOL DISTRICT RELEASE AND WAIVER OF RIGHTS**

By this agreement, I hereby release Alief Independent School District, its officers, directors, elected officials, appointed officials, employees, servants, agents, attorneys, insurance carriers and self-insurance pools ("releases"), and waive any rights I may have against said school district or any above mentioned parties for any mental or physical injury or death to my child, me, or damage to my personal property, whether caused by releases' negligence or otherwise, while participating in this program/activity of the Alief Independent School District.

I acknowledge and understand that my participation/my child's participation in this program/activity may be dangerous at any of the above mentioned levels.

I acknowledge that Alief Independent School District does not derive any benefit from my participation. Further, I acknowledge that the decision is purely my choice and is made with full knowledge of the extent of the danger in so-doing and a full waiver of any rights to any claims for mental or physical injury or death, or property damage which may result.

I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER OF RIGHTS/AGREEMENT TO PARTICIPATE

SIGNATURE OF PARENT \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2022

SIGNATURE OF STUDENT \_\_\_\_\_

### MEDICAL RELEASE

I hereby allow \_\_\_\_\_ (child's name) to participate in the Alief Summer Soccer Camp. I know of no mental or physical problems which may affect my child's ability to safely participate. I realize that soccer is a physical activity involving contact. I therefore accept responsibility for my child's physical condition. I hereby promise and agree that I will not hold Alief Summer Soccer Camp or its employees liable for any loss, damage, or personal injuries received as a result of participation.

I hereby authorize the directors and staff of the Alief Soccer Camp to act for me in accordance with their best judgment in any emergency requiring medical attention. Furthermore, I hereby release the Alief Soccer Camp and its agents and its staff from any and all liability for any injuries or illnesses that may arise during the soccer camp. I understand and assume the hazards and risks associated with this activity and waive all claims against the Alief Summer Soccer Camp and its staff.

I have read and understand the waiver and release X \_\_\_\_\_  
Signature of Parent or Guardian Date Signed

Emergency Contact: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Holder and Number: \_\_\_\_\_



## **HASTINGS GIRLS SOCCER CAMP**

For: Incoming 8<sup>th</sup> and 9<sup>th</sup> grade girls that are drawn to Hastings

Dates: Monday July 25 and Tuesday July 26

Time: 6:00-8:00 P.M.

Location: Crump Stadium (South ticket gate entrance located off of High Star)

What to Bring: Cleats, shin guards, water.

We will work on dribbling, passing, and shooting through skills, drills, and small sided soccer games.

Please contact Coach Rodgers at [courtney.rodgers@aliefisd.net](mailto:courtney.rodgers@aliefisd.net) or text 281-414-5448 if you have any questions. You cannot participate in the camp if you do not have the waiver completed.