

NPHS SOCCER ACADEMY

APPLICATION

Name _____ Date of Birth _____

Address _____ Age _____

City _____ Zip _____

Player Phone Number _____ Home Phone (if different) _____

Short-term Email Contact _____

Player High School _____ Grade _____

Current Soccer Team (AYSO, Club) _____ Position _____

Emergency Contact _____ Phone _____

Parent/Guardian Name _____

Address (if different) _____

City _____ Zip _____

Day Phone _____ Evening Phone _____

LOCATION: Newbury Park High School Stadium Field, 456 N. Reino Road, Newbury Park

SESSION: Mon-Fri, July 12-16

M-F 9:00am-12:00noon — Boys, age 13-15 (limit: 50 participants)

M-T-Th-F 5:00-8:00pm; W 1:00-4:00pm — Boys, age 16-18 (limit: 50 participants)

COST: \$125 (Checks payable to NPHS Soccer Boosters)
Refunds: All refunds are subject to a \$25 processing fee. No refunds within 14 days prior to start of camp.

T-Shirt Size AS AM AL AXL AXXL

WAIVER AND RELEASE OF LIABILITY

I warrant and acknowledge that I am the parent or legal guardian of the player, a minor ("Player"), and on behalf of myself, Player and our heirs, assigns and next of kin, I hereby enter into the following agreements IN CONSIDERATION OF Player's being able to participate in any way at activities conducted as part of the NPHS SOCCER ACADEMY "EVENTS."

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS. I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately. Permission is granted for my child to receive emergency medical treatment if needed. Permission is granted to photograph my child during camp and any sponsored events with the understanding that NPHS SOCCER ACADEMY retains the rights to use these visual images for publicity purposes or in any other manner without compensation to my child.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, NPHS SOCCER ACADEMY, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by NPHS SOCCER ACADEMY and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

Parent/Guardian Signature

Date

Information: Brian Collins – 805.573.0908; bcollins52003@yahoo.com or Steve McDaniel – 805.405.7805; mcdanielsoccer@yahoo.com

Please make checks payable to NPHS Soccer Boosters

Mail completed Application/Release Form and Payment to Roxanne Phillips • 417 Knollwood Drive • Newbury Park, CA 91320