



Strikers Goalkeeping Clinic Registration

Please Print:

Player's Name: _____

Address: _____

City, St, Zip: _____

Phone: _____ E-Mail: _____

Alternate No (cell) : _____ Male: _____ Female: _____

Soccer Skill Level: [] Challenge [] Classic

Goalkeeping Clinic with Jim Gallacher Cost is: \$75.00 2 Day Clinic

Please select by putting an [X] in the box.

Clinic # 1: [] July 16th – 17th Time: 5:30pm – 7.00pm

Clinic # 2: [] July 23rd – 24th Time: 5:30pm – 7.00pm

Clinic #3 [] Aug 12rd – 14th Time: 9:30am – 11.00am

READ BEFORE SIGNING

Organization Name: **Strikers Soccer Center**

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS The Strikers Soccer Center, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature X _____ Age _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____

Please fill out and return the above information with your payment. Questions or for more details please contact us:
Strikers Soccer Center, 11725 Alexanderana Rd., Huntersville, NC 28078, 704-948-6697
www.strikerssoccer.com