

PANGAEA SOCCER REGISTRATION FORM



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|---|---|
| Camper's Name | |
| Address | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/> |
| Age | |
| Phone Number | |
| Cell Number | |
| Name of Parent or Guardian | |
| E-Mail Address | |
| Insurance Provider | |
| Insurance ID # | |
| Free Pangaea T-Shirt (Please Circle) | Youth M Youth L Small Medium Large |
| Session(s) Attending (Please Circle) | Day Camp 1 (July 11-15) Day Camp 2 (July 18-22) Pre-Season Special (August 1-5) |

To complete your registration please mail registration form, liability waiver and all checks to

George Vesburgh
392 Mahr Road
Canajoharie, NY 13317

Release & Waiver of Liability

I understand that playing or participating in the sport of soccer may be potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously injured. I am aware that the dangers and risk of my Childs playing or participating in the above sport I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to fully participate in the above sport and the camp.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport and in consideration of my child being allowed to participate in the camp I hereby agree on behalf of myself, my family members and my child to assume all such risks and further to waive, release, discharge and hold harmless any camp chosen facility, the coach, Pangaea and their respective employees, agents, representatives, and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my Childs playing and participating in the above sport or camp.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not a substitute for my primary insurance and maximum coverage per accident and deductibles apply.

I hereby consent to permit the coach and staff working at the camp to provide emergency first-aid or medical treatment for my child, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. By signing this form, I grant Pangaea the right to use photos of my child for future advertising and promotional efforts:

Print Player's Name: _____

Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

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