DUTCH SOCCER ACADEMY Registration Form

Name of Player: _____

Phone: _____ Grade entering in Fall: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

What to bring to camp

- ✓ Soccer Ball
- ✓ Water bottle(s)
- ✓ Cleats or sneakers
- ✓ Shin guards
- ✓ Warm jacket for rain days

Camp Tuition: $75 Check Number: _____ (Make Payable to DSA)

A $5 LATE FEE WILL BE ASSESSED TO REGISTRANTS AFTER JUNE 1ST.

A $5 family discount may be applied to each additional sibling attending camp!

Free T-shirt Size: (circle one): YS YM YL AS AM AL XL
Must register by June 1st to qualify for FREE shirt.

Mail/Bring to: Ft Kent Rec, 416 West Main St. Fort Kent 04743

DSA Camp Dates: June 17 - 21

Location: Riverside Park Field

Grades K – 3 9:30 – 11:30am
Grades 4 – 6 12:00 – 2:00pm
Grades 7 - 9 5:00pm – 7:00pm

In consideration of being allowed to participate in soccer activities organized and run by Dutch Soccer Academy,LLC the undersigned Participant acknowledges, appreciates and agrees that:

1. There are inherent risks of injury when participating in soccer activities, which risks are significant, including the potential for permanent or serious injury including, but not necessarily limited to, cuts, bruises, and concussions, dislocation of joints, broken bones, paralysis, and even death. While rules, equipment and personal discipline may reduce this risk, the risk of permanent or serious injury cannot be eliminated and does inherently exist.
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, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release, hold harmless and indemnify Releasees with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of Releasees or otherwise.**
4. I further authorize the Dutch Soccer Academy, LLC staff to call for emergency medical care for me and/or to transport me to a medical facility or hospital if it appears to the Dutch Soccer Academy, LLC staff that I require immediate medical attention. I further authorize appropriate personnel to render emergency medical treatment to me if necessary.

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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Full Name of Participant (Print): _____

Full Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian _____ Date: _____