Camp Information:

Grades: 9th - 12th
Times: 8:00am - 10:00am
Days: Monday through Friday
Location: H.C. Storm School, 305 N. Van Nortwick Ave
Cost: $100

* Required Fields
Participant Information

First Name *_____ Last Name *_____

Use the below information as my billing information

Address *_____

City *_____

State/Province *_____

Postal/Zip Code *_____

Country_____

Cell Phone * _____-_____-_____

Participant Email *_____

Date of Birth *_____-_____-_____

Gender *_____

T-shirt Size *_____

School *_____

Grade as of Fall 2020 *_____

Mother's Cell Phone * (_____-_____-_____)

Mother's Email *_____

Father's Cell Phone * (_____-_____-_____)

Father's Email *_____

Does the participant have a 504 Plan or IEP that you would like to share with the coach or instructor?*_____

Does the participant have any medical conditions?*_____

_____

<u>Emergency Contact Information*   (Add up to 3)</u>

Name *_____

Relationship to Participant *_____

Phone * (_____-_____-____)

_____-_____-_____

Alternate Phone

_____-_____-_____

Add Another Emergency Contact
Name *_____
Relationship to Participant *_____
Phone * (_____-_____-____)
_____-_____-_____
Alternate Phone
_____-_____-_____

Add Another Emergency Contact
Name *_____
Relationship to Participant *_____
Phone * (_____-_____-____)
_____-_____-_____
Alternate Phone
_____-_____-_____

<u>**Waiver Acceptance:**</u>

Batavia Activity and Athletic Foundation - Boys Soccer Clinic (07/20/2020-07/31/2020)

PARTICIPATION AGREEMENT WAIVER AND RELEASE OF ALL CLAIMS

Dear Parent/Guardian,

Your son/daughter has enrolled in the Soccer Clinic provided by the Batavia Activity and Athletic Foundation (BAAF). Please read this document carefully and be aware that in signing up and allowing your child to participate in this program, you are waiving and releasing all claims for injuries you or your minor child might sustain arising out of the activities of this program (including transportation services, when provided). By signing below, you acknowledge and agree:

BAAF provides no medical insurance coverage of any kind and I am strongly urged to   seek coverage if my son/daughter is not already covered.
I am solely responsible for determining if I or my minor child is physically fit and/or skilled for the activities of these programs provided by BAAF. All participants, especially those who may be pregnant; be disabled in any way; or have recently suffered an illness, injury or impairment; are encouraged to consult a physician before undertaking a physical activity.
I recognize and acknowledge that there are certain risks of danger, accidents, and physical injury when engaged in activities such as running, jumping, calisthenics,   catching, kicking, throwing, heading, contact, games and play, and I voluntarily agree to fully assume such risks, regardless of severity, including death, damages, or loss which I or my minor child may sustain as a result of my child's participation in any and all activities connected with or associated with programs provided by BAAF.
I agree to waive and release any and all liability claims whatsoever arising out of any damage, loss, or injury to my child or my child's property while participating in any of the activities contemplated by this Agreement against BAAF and its officers, agents, servants and employees.
I do hereby fully release and discharge BAAF and its officers, agents, contractors, servants and employees from any and all liability claims whatsoever arising out of any damage, loss, or injury including death to my child or my child's property, resulting from my child's participation in the activities and programs provided by BAAF.
I do hereby agree to indemnify and hold the BAAF, its officers, agents, contractors, servants, and employees, free and harmless from any loss, liability, damage, cost or expense, which they may incur as a result of any injury, death, or property damage sustained by my child while participating in the activities and programs provided by BAAF.

I understand and accept the waiver agreements above. *

_____

Name (or Name of Parent/Guardian if Participant is a minor) *

_____

Date *

_____

Drop Off or Mail In Registration to:

==**Batavia High School**==
==**ATTN: Julie Stuttle, Athletic Department**==
==**1201 Main St**==
==**Batavia, IL 60510**==

<u>Please make checks payable to Batavia Activity and Athletic Foundation</u>