FREELAND SPORTSZONE

HERITAGE SOCCER CLINIC

Member $30 Non-Member $35

OFFICE USE ONLY

Payment: _____

Received by: _____

_____

Participant Name (Last, First)

_____

Street Address City Zip Code

_____ _____ _____

Home Phone # Work/Other Phone # E-Mail Address

Indicate Any Allergies/ Health Concerns/Physical Limitations: _____

_____

_____ _____ _____

Grade Entering in Fall Emergency Contact Name Relationship to Participant

_____ _____

Emergency Contact # Other #

I understand that Freeland Community Sports Association (FCSA) and Tittabawassee Township DDA & it's departments, employees, agents, sponsors, co-sponsors, & contractors assume **NO** responsibility for any injury that may be suffered by the participant and that the participant assumes all risk, personal injury, loss & damage of property. I fully release from liability and/or damages, FCSA & Tittabawassee Township, DDA and all of its parties from injury or damages on behalf of our child and/or ourselves. In case of Emergency, I give my consent to emergency medical treatment.

I hereby by authorize Freeland SportsZone to publish photographs taken of my child for use in the web-based marketing materials, well as future possible Freeland SportsZone publications.

I hereby release and hold harmless Freeland SportsZone from any reasonable expectation of privacy confidentiality associated with the images specified above and further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking of publication of these photographs or participation in company marketing materials or other Freeland SportsZone publications. I acknowledge and agree that publication of said photos congers no rights of ownership or royalties whatsoever.

I hereby release Freeland SportsZone, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability or any claims by me or any third party in connection with my participation.

_____

Signature of Parent/Guardian Date