



# 2011-2012 FootHolve Winter Clinics



## Mail-In Registration Form

Player's Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F (circle one)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone (H/W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

**Please check the appropriate age group and level below:**

U9-U12       maroon       gold  
 U13-U14       c1       c2       c3       prem  
 U15-U17       c1       c2       c3       prem

**Club, Age and Level of your TEAM (i.e., Chaska U15c1 Girls)?** \_\_\_\_\_

**T-shirt size (circle one):**

YM      YL      S      M      L      XL

Sign up for:	Dates	Day/Time	Location	Price
<input type="checkbox"/> Excellence of Attack West I U9-U18	Nov. 11, 18, 25 Dec 2, 9, 16	Fridays 5:00-6:30pm	Tonka Dome	\$160
<input type="checkbox"/> Excellence of Attack West II U9-U18	Jan. 6, 13, 20, 27 Feb. 3, 10	Fridays 5:00- 6:30 pm	Tonka Dome	\$160
<input type="checkbox"/> Excellence of Attack West III U9-U18	Feb. 17, 24 Mar. 2, 9, 16, 23*	Fridays 5:00- 6:30 pm	Tonka Dome	\$160
<input type="checkbox"/> Excellence of Attack West I, II, III U9-U18	Nov. 11, 18, 25 Dec. 2, 9, 16 Jan. 6, 13, 20, 27 Feb. 3, 10, 17, 24 Mar. 2, 9, 16, 23*	Fridays 5:00- 6:30 pm	Tonka Dome	\$450
<input type="checkbox"/> Excellence of Attack East U9-U17	U9-U12: Dates** Nov. 6, 13, 20 Dec. 4, 11, 18	Sundays 5:00-6:30pm**	Bielenberg	\$160
	U13-U17: Dates ** Nov. 6, 13, 20 Dec. 4, 11, 18	Sundays 6:30-8:00pm**		
*March 23 7:00-8:30pm **Times and dates are pending based on city confirmation				
			<b>Total:</b>	

### Waiver of Liability

I, the parent/guardian of the above named player, a minor, agree to abide by the rules of FootHolve, and all other affiliated organizations. Recognizing the possibility to physical injury associated with soccer, I hereby release, discharge, and/or otherwise indemnify FootHolve, all other affiliated organizations, the staff coaches and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I hereby declare that the enrolled applicant is in good health, and, as the parent/legal guardian of a participant in the FootHolve Winter Clinics, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. By signing this form I accept all responsibility and assume all costs that may be incurred in the event of an injury or accident.

Special medical conditions or allergies (circle one): Y or N

If yes, explain:

Parent Name(s) \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Send registration form and payments to:**

FootHolve  
3913 Lynn Ave S  
St. Louis Park, MN 55416

More info at [www.footholve.com](http://www.footholve.com)

## Parental/Guardian Agreement

I, the parent/guardian of the above named player, a minor, agree to abide by the rules of FootHolde and all other affiliated organizations. Recognizing the possibility to physical injury associated with soccer/athlete training, as more fully outlined below, and in consideration for FootHolde and its affiliates accepting the player for its soccer/athlete FootHolde Program, I hereby release, discharge, and/or otherwise indemnify FootHolde and all other affiliated organizations, their employees and other associated personnel (hereinafter the "released parties"), against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

I, the parent/guardian of the above named player, a minor, agree to the following individually and on behalf of the registrant:

I agree that if I engage in this recreational activity, it is done at my own risk and I assume the risk of any and all injury and/or damage while engaging in said recreational activity. My assumption of risk includes, without limitation, injuries from uneven or irregular playing surfaces, injuries from contact with equipment or from equipment failures, injuries from physical contact with other players or injuries incurred while performing the physical activities inherent in participation in this activity.

I agree that I am voluntarily participating in the aforementioned activities and using the facilities and premises and assume all risk of injury, illness, damage or loss to me of my property that might result, including, without limitation, any loss or theft of any personal property.

I agree on behalf of myself (and all your personal representatives, heirs, executors administrators, agents and assigns) to release and discharge the released parties from any and all claims or causes of action (known and unknown) arising out of the negligence of the released parties, whether active or passive.

This waiver and release of liability includes, without limitation, injuries which occur as a result of (a) my use of any equipment or facilities which may malfunction or break, (b) improper maintenance of any exercise equipment or facilities, (c) negligent instruction or supervision, and (d) slipping and falling for any reason, including negligent inspection or maintenance of its facility.

By execution of this agreement I hereby agree to indemnify and hold harmless the released parties from any loss, liability, damage or cost the released parties may incur due to your participation. I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by law in the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I AM AWARE AND AGREE THAT BY EXECUTING THIS WAIVER AND RELEASE, I AM GIVING UP MY RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST THE RELEASED PARTIES FOR THEIR NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ENCOUNTERED DURING PARTICIPATION. I HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Parent/Legal Guardian (Please Print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Consent for Medical Treatment

As the parent/legal guardian of a participant in FootHolde, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Consent for Use of Subject for Promotion-Advertising

As the parent/legal guardian of a participant in FootHolde, I hereby give my consent for photographs, pictures, video, or any other form of subject content, of my dependent to be utilized in promotion, advertising or any other type of marketing for FootHolde Soccer Camps.

Signature \_\_\_\_\_ Date \_\_\_\_\_