



SOCCER CLINIC REGISTRATION FORM

Clinic Date	Session: 1) 9:00AM 2) 10:45AM 3) 1:00PM 4) 2:45	Location
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Participant Information * Mandatory Field This registration is applicable for participation in other soccer clinics? Yes No

*Child's Name		*Age	*Date of Birth / /	
*Address	Apt.	*City	*Zip	
*Home Phone()		e-mail		
*Parent's / Guardian's			Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if not same as above)	Apt.	City	Zip	
Home Phone()	Work()	Cell()		
In case of emergency, contact:				
*Name		Relation		
*Home Phone()	*Work()	*Cell()		

In consideration of Chivas USA Soccer LLC (Chivas USA) and the City of Los Angeles acting through its Department of Recreation and Parks granting the above-named child (ren) ("minor") and myself the opportunity to participate in the Chivas USA soccer clinic.
I, (print name) _____ the undersigned, as parent or legal guardian of the Minor do hereby agree as follows:

I am aware that there are certain risks of injury and/or damage inherent in the program's activities; I understand there are no refunds if my child misbehaves and/or is sick and needs to be sent home, I agree to pick them up at the time requested by Clinic staff and documented end of program time/s.

To the best of my knowledge and belief, minor is not subject to a physical or mental infirmity or under the influence of any medication or other substance which might hinder his safe participation on the program.

I will instruct minor to abide by all safety regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the program;

I give my consent to have my minor participate in all aspects of the program and I knowingly assume full responsibility for all risks of bodily injury, death or property;

I understand that both the City and Chivas USA at its sole option has no obligation to obtain medical treatment for minor. Should it be necessary for minor to have emergency medical care while participating in the program, I hereby give the Chivas USA and the City of Los Angeles personnel permission to use their judgment in obtaining medical care and I give permission to the medical care provider selected by the City of Los Angeles or Chivas USA personnel to render medical care deemed necessary and appropriate; I understand that the City or Chivas USA at its sole option but without obligation may procure insurance to cover all or part of such medical expense incurred by the minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;

I also authorize Chivas USA and the City of Los Angeles to make, procure to use photographs, films, tapes or other likeness of myself and the minor's physical image and/or voice as may be needed for use with program's publicity materials; Please check here if it's okay for a Chivas USA representative to contact you to discuss Chivas USA activities;

Except for the gross negligence or willful misconduct of the City or Chivas USA, I waive all rights of recovery, which Minor or I may have now or in the future, whether known or unknown, against Chivas USA or the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City and Chivas USA from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demand causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with minor's participation in the program or any related activities.

I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on minor and myself.

Important: Parent or Guardian signature is required:

Parent/Guardian Name Signature

Child's Name Date