



MANUIA SOCCER CLUB
Soccer Academy
June 7- 11, 2010
Kaneohe District Park
Waiver and Release

Participant Name: _____ DOB: ____/____/____

Age: _____ Gender _____ Shirt Size (check one) Youth: S__ M__ L__ Adult: S__ M__ L__ XL__

E-mail: _____

Mother's Name _____ Phone: _____

Father's Name _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medical conditions that staff should be aware of: Yes No

If yes, please specify _____

Cost: \$100 per player (\$125 if registered after June 1). Includes clinic t-shirt & refreshments.

Registration Deadline: June 1, 2010

(Checks or money order payable to "MANUIA")

All payments are Non-refundable.

Mail in your application along with payment to:

MANUIA C/O Heifara Ortas 724 Prospect Street, Honolulu, HI 96813

Required Equipment

Participants should bring soccer ball, water bottle, shin guards and cleats.

Waiver and Release

I, the undersigned parent/legal guardian of the above-named Participant, a minor ("Participant"), understand and hereby accept the condition that neither Manuia Soccer Club, nor anyone associated with the Manuia Soccer Club Program, will assume any responsibility for injury to the Participant, nor any medical or dental expenses incurred by the Participant as a result of Participant's participation in this program. I certify that Participant is in good health and able to participate in a vigorous physical activity program. I understand that Participant's participation in the program's physical activities is voluntary. I hereby release, indemnify and hold harmless Manuia Soccer Club and anyone associated with Manuia Soccer Club who is involved with any of this program's activities, from and against all claims, liabilities, damages or causes of action arising out of or in connection with the Participant's participation in the Program, including, without limitation, liability for injuries incurred by Participant while participating in the program. In the event of injury to Participant, I hereby grant permission to Manuia Soccer Club to obtain medical care.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature: _____ Date: _____