

Heights United Soccer Academy Participation Agreement

Bring this form to the first session or mail to:
Heights United Soccer Academy
1401 Lynn Park Drive
Cleveland Heights, OH 44121

This agreement between **Heights United Soccer Academy (HUSA)** and
(parent/guardian's name) _____, for
(athlete's name) _____, is entered on
(date) _____ for the purpose of providing a clear management
of the camp; a complete and harmonious season for parents, coaches, competitors, and staff.

All fees should be paid in advance at heightsunitedsoccer.com or on the first day of the session.
Completed registration, medical release and liability forms **must** be in the possession of the director
on the first day.

IN RECOGNITION OF THE ABOVE, I (WE) HEREBY AGREE:

1. To pay all fees assessed for my child
2. To make certain that my child abides by all of **Heights United Soccer Academy** rules now or thereafter established.
3. To abide by the spirit and the letter of this agreement, understanding that it is drawn and executed for the welfare of the camp and each young person involved; and further, understanding that the failure of any one individual to live up to this agreement can cause the failure of your participation.

_____ Date _____
(Parent/Guardian signature)

_____ Date _____
(Athlete signature)

- ___ Full session
- ___ Half session
- ___ Any 12 days
- ___ Any 5 days

Heights United Soccer Academy Liability/Medical Release

To **Heights United Soccer Academy (HUSA)**, its coaches and staff; I represent that I am the parent or legal guardian of _____ (athlete), and that all registration forms have been completed. By my signature below, I hereby give my consent for the above named child to participate in all camp activities brought forth by HUSA. Should I decide to withdraw my child from any activity, I shall do so by submitting it in writing and delivering notification to the director.

Further, in consideration of my child being accepted in HUSA, I hereby indemnify and hold harmless the HUSA, its coaches, and staff against any and all rights and claims which I have or which may arise in conjunction with my child's participation in any and all activities conducted by the HUSA.

Additionally, in consideration for acceptance of my entry into the HUSA, I intend to be legally bound, do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge all rights and claims for damage/injury which may hereafter accrue to my athlete mentioned above, against the HUSA, coaches, staff, and operators of facilities used by the HUSA.

In the event the need for emergency medical treatment arises and reasonable attempts to contact me at the provided numbers have been unsuccessful, by my signature below I hereby give consent for the administration of any emergency medical treatment.

Preferred doctor: _____ Phone: _____

If the preferred doctor is not available I give my consent for the administration of emergency medical treatment by an emergency medical team, licensed physician or hospital chosen by HUSA staff.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed below. I represent that the list below is current and accurate and includes all allergies. The undersigned further represents that the above named child is physically fit and physical impairments that will in any way affect the child's participation have been brought to the attention of the HUSA in writing.

Parent/guardian signature _____ Date _____

Print Name _____ Phone: _____

List allergies, medications, and other pertinent health information:

Heights United Soccer Academy Registration Form

Athlete's Name _____

Athlete's Address _____

City, state, zip _____

Birth Date _____ Age _____

School _____ Grade Completed _____

Parent's/Guardian's Name _____

Primary phone _____ Secondary phone _____

E-mail Address _____

Emergency Contact Information

Name _____ Relationship to Child _____

Primary phone _____ Secondary phone _____

Adults authorized for pick-up

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____