



Grace Soccer Camp Registration Form

Hosted by Grace Community Church
At Wesley Chapel Elementary School
(30243 Wells Road)**

Please fill out info and sign the liability release form

Parent / Guardian name(s) _____

Email address _____ Phone _____

Player 1: _____ DOB _____ Entering Grade _____

Shirt Size YXS / YS / YM / YL / AS Concerns / Allergies _____

Player 2: _____ DOB _____ Entering Grade _____

Shirt Size YXS / YS / YM / YL / AS Concerns / Allergies _____

Player 3: _____ DOB _____ Entering Grade _____

Shirt Size YXS / YS / YM / YL / AS Concerns / Allergies _____

Emergency Contact _____ Phone _____

Liability / Medical / Photo Release Form

I, the undersigned parent/guardian, do hereby grant permission for my son(s)/daughter(s), named above, to participate in the soccer program hosted by Grace Community of Wesley Chapel. I understand that all reasonable safety precautions will be taken by the leaders of this activity, and I am aware that the possibility of an unforeseen hazard does exist. I fully understand and agree that my child's participation in athletic and other activities of the program necessarily involves the risk of injury, concussion, and even death from various causes including but not limited to accidents, falls, strenuous and prolonged physical activity, illness, collision or dispute with others, weather related issues, playing area hazards, equipment defects, and possible negligence of volunteers. On behalf of my child(ren), me, and my family I hereby assume these risks. In consideration for the privilege of my child's (children's) participation, I further agree to release, discharge, hold harmless and indemnify, and covenant not to sue Grace Community, its officers, employees, volunteer staff, insurers, and other others associated with the above program as to any and all claims of my child(ren), me, and my family members for economic losses, property damages, sickness, or injuries incurred by the minor listed on this form. Furthermore, I do hereby assume all risk of expenses, property damages, sickness, injuries, claims or losses which may result.

I understand that participation in the program may involve strenuous and prolonged physical activity, and I agree that my child is healthy and able to participate in the program activities. In the event that he/she may sustain injury or illness during the activity, I hereby authorize the camp staff to obtain or provide first aid or medical treatment for my child for such injury or illness, and I hereby hold the staff and sponsoring organization (Grace Community of Wesley Chapel), as well as its representatives, harmless in the exercise of this authority. In addition, I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the program.

I hereby give permission to Grace Community Of Wesley Chapel to record my child(ren) during church related activities through photographs, videos, or voice recordings and to use them in connection with internal and external communications. I also release Grace Community from all claims, actions and liability relating to its use of said photographs, videos, or voice recordings and waive any rights of compensation or ownership thereto.

Parent / Guardian Signature _____ Date _____

****DISCLAIMER:** The District School Board of Pasco County, FL is neither sponsoring nor affiliated with this church or its activities.