

LHSC Eclipse 2012 Spring Break Camp Registration Form

Dates: Monday April 9th - Friday April 13th (5 day camp)

Cost: \$119 / player

Time: 9:00 AM – 12 Noon

Venue: TBD

Player name _____ Parent name _____

Age _____ Date of Birth _____

Street Address _____

City/State/Zip _____

Daytime phone _____ Email _____

Liability Waiver

PLEASE READ AND SIGN BELOW

I have enrolled my above named "child" in the Laguna Hills Eclipse Academy Program. I understand the child's participation in the Camp involves exposure to the inherent risks of soccer that cannot be eliminated. I also understand that the child's participation in the camp may involve the potential risk of injury. The risks include but are not limited to these caused by the playing surface, equipment used, and the actions of other people including but not limited to other participants in the Camp.

Individually and as the parent or legal guardian of the child, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with the child's participation in the camp including all risks associated with soccer or using equipment intended to improve or enhance the child's soccer skills. Despite my understanding of the foregoing risks, I, individually as the parent or legal guardian of the child, AGREE TO NOT SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS LHSC ECLIPSE, its Board of Directors and representatives, employees and agents for any damage or injury arising out of the child's participation in the camp regardless of cause, including NEGLIGENCE.

I understand that the foregoing is a LIABILITY RELEASE that is legally binding on me, the child, our heirs and our legal representatives and I sign it on my free will. I furthermore acknowledge that the foregoing is binding during all Laguna Hills Eclipse Camp sessions. Also I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions necessary to preserve life, limb and/or well being of my child.

Signature of parent or legal guardian

Date

Print name of parent or legal guardian

Emergency Contact & Phone

Insurance carrier & Policy Number

Please state any known allergies, drug allergies, and illnesses

MAKE CHECKS PAYABLE TO LHSC ECLIPSE & MAIL FORM TO:

LHSC Eclipse
2011 Camp Registration
25602 Alicia Parkway #113
Laguna Hills, CA 92653