



# LHSC Eclipse Youth Academy Registration Form

Dates: Fridays Starting March 16th - 6 Straight Weeks

Cost: \$80 (Includes Academy T-Shirt)

Time: 5:00 to 6:00 PM

Venue: Capov Valley High School

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 Academy 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 Academy.

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 Academy 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

\_\_\_\_\_  
Insurance carrier      Policy Number      Emergency Contact & Phone

\_\_\_\_\_  
Please state any known allergies, drug allergies, and illnesses above

**BRING FORM TO YOUR FIRST SESSION**

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