**THE BALTIMORE BAYS SOCCER CLUB**

AGE 4-10 BOYS AND GIRLS

 1ST TOUCH ACADEMY

 2019 ACADEMY WAIVER FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2018-2019 GRADE\_\_\_\_\_\_\_\_\_ BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_ SEX (M)\_\_\_\_ (F)\_\_\_\_

NAME OF PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER/INFORMATION

HOME\_\_\_\_\_\_\_\_\_\_\_\_ WORK\_\_\_\_\_\_\_\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEVENT MEDICAL INFORMATION

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PARENT / GUARDIAN RELEASE OF LIABILITY STATEMENT: I understand all reasonable safety precautions will be taken at all times by The Baltimore Bays Soccer Club and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the possibility of risk, inherent or otherwise, including, but not limited to, accident or illness. In consideration of, and as part payment for, the right to participate in the aforementioned activities and events, I have and do hereby assume all risks on behalf of the aforementioned student/athlete. I agree not to hold The Baltimore Bays Soccer Club, its leaders, agents, employees, or volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form. I will hold The Baltimore Bays Soccer Club harmless from any and all causes of action, debts, claims, demands, damages, judgment executions, cost, loss of services, expenses, compensation, and any and all other claims of damages whatsoever, including, but not limited to, those arising from the accommodations, any acts or omissions of The Baltimore Bays Soccer Club, or any other person in connection with The Baltimore Bays Soccer Club. I understand that The Baltimore Bays Soccer Club does not provide health and/or accident insurance. I assume full and complete responsibility for any and all medical and/or dental bills arising out of (my) or my child’s participation in the Baltimore Bays Soccer Club provided activity, and hereby agree to indemnify and hold harmless The Baltimore Bays Soccer Club and its parties from any and all liability associated with (my) or my child’s participation in the clinics/camps that are the subject of this form. I hereby give consent to allow my child to participate in the Bays 1st Touch Academy listed above and give permission for all Baltimore Bays staff members to act as needed in case of emergencies.

SIGNATURE OF PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_