



MIAMI LAKES SOCCER CLUB APPLICATION FORM

Soccer Program:	SUMMER CAMP 2011		
Child's Name:	FIRST:	LAST:	
Sex (M/F):	M: _____	F: _____	
Date of Birth:	M: _____	D: _____	YEAR: _____ <input type="text"/> DOB Verification by [MLSC Representative]
Home Street Address:			
City, State & Zip Code:			
Parent/Legal Guardian:			
Home Telephone No:			
Emergency Contact No:			
E-Mail:			
Player's Insurance Carrier & Policy No.(If Known):			
Known Allergies/other Medical Conditions (Please describe)			
CAMP DATES:	- Wk 1: Mon June 13 th - Fri June 17 th : ____ - Wk 2: Mon June 20 th - Fri June 24 th : ____ - Wk 3: Mon June 27 th - Fri July 1 st : ____ - Wk 4: Tues July 5 th - Fri July 8 th : ____ - Wk 5: Mon July 11 th - Fri July 15 th : ____ - Wk 6: Mon July 18 th - Fri July 22 nd : ____ - Wk 7: Mon July 25 th - Fri July 29 th : ____ - Wk 8: Mon Aug 1 st - Fri Aug 5 th : ____ - Wk 9: Mon Aug 8 th - Fri Aug 12 th : ____		

READ CAREFULLY BEFORE SIGNING

I certify that: (i) I am 18 years of age or older OR I am the parent or legal guardian of the above mentioned minor child; (ii) my child/ward is covered by my personal medical insurance policy (as disclosed below) and such insurance policy is current; (iii) all information disclosed in the attached application form is true and correct and up to date; (iv) my child/ward is in good health, is physically fit, and has the skill level required for participation in the Soccer Programs hosted by **MIAMI LAKES SOCCER CLUB, INC.** at Miami Lakes Park, Royal Oaks Park, or other facilities ("Activities"); and (v) I am aware that certain dangers may occur during my child/ward's participation in the Activities, including (without limitation) physical contact with other individuals and/or athletic equipment and facilities resulting in cuts, abrasions, sprains, bruises, concussions, fractures, muscle injuries and broken bones. In consideration of my child/ward's participation in the Activities and bring fully aware of the dangers described above, I nevertheless agree to permit my child/ward to participate in the Activities, and I hereby assume the risks incidental or incumbent to participation in the Activities and, on my child/ward's behalf, and on behalf of my child/ward's heirs, executors and administrators, release and forever discharge the Released Parties (defined below), of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my child/ward's participation in the Activities, and further I agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney's fees and disbursements. For the Activities that my child/ward participates in and that hosted by **MIAMI LAKES SOCCER CLUB, INC.** at the Miami Lakes Park, Royal Oaks Park or other facilities, the released parties (individually, "Released Party" and collectively, "Released Parties") are **MIAMI LAKES SOCCER CLUB, INC., THE TOWN OF MIAMI LAKES, MIAMIDADE SCHOOL BOARD, VALLEYCREST LANDSCAPE MANAGEMENT, FLORIDA YOUTH SOCCER ASSOCIATION**, their respective affiliated organizations, officers, directors, and employees, their agents and representatives who plan, direct or otherwise participate in the Activities, and the successors and assigns of each of the foregoing entities. I understand that this Release and Indemnity Agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by my child/ward, before, during or after such participation. I will be responsible for any medical or any other charges incurred in connection with the Activities. I further authorize the representative and agents of **MIAMI LAKES SOCCER CLUB, INC.** to act for me according to their judgment in an emergency requiring medical attention (including treatment by physicians or paramedics) for my child/ward, at my cost, if the need arises. I also understand that my child/ward may be required to leave the premises should my child/ward exhibit undesirable conduct. I further grant the Released Parties, the right to photograph and/or videotape my child/ward and further to display, use and/or otherwise exploit my or my child/ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online web-casts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes or for any other purposes whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise said rights herein granted. This Release and Indemnity Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Release and Indemnity Agreement shall be commenced exclusively in the Circuit Court of the Eleventh Judicial Circuit in and for Miami-Dade County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I have read and understand the foregoing assumptions of risk and release document, and I do freely accept its terms.

Date: _____ Print Full Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Registrar Use Only Registration Date: _____ Posted Date: _____ Amount Paid: _____ Cash _____ Check # _____	<input type="checkbox"/> Accepted Parent Information Sheet Age Division: U-____ Coach Assignment: _____
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