



Take your game to new H.E.I.G.H.T.S. by: Headily Envisioning & Initiating Goals Highlighted Thru Soccer!

PLAYER REGISTRATION AND PARENTAL CONSENT

Player's Name: _____ **Date of Birth:** _____
School Attending: _____ **Grade:** _____
Player's Phone: _____ **Gender:** M _____ F _____
Player's Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Jersey Size: Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L
Parent/Guardian: _____ **Home Phone:** _____ **Work Phone:** _____
Parent/Guardian: _____ **Home Phone:** _____ **Work Phone:** _____
Family Email Address: _____

I, _____ the parent/guardian of _____, hereby give my approval to his/her participation in the SkyKicks soccer program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities; and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Community Empowerment Network, Inc.: SkyKicks soccer program, its Board of Directors, coaches, game officials, any qualified physician, EMT (Emergency Medical Technician), participants, and persons transporting my child. In executing the foregoing release, I understand that any injury that may arise out of participation in SkyKicks must be reported to the coach or team official as soon as I have knowledge that any injury did in fact occur. The injury **MUST BE REPORTED TO SkyKicks WITHIN 24 HOURS**. Your coach will notify the SkyKicks Board of Directors.

I acknowledge and represent that my child is in sound physical condition to be able to participate in basketball. My child has the following **medical conditions** that should be made known to the coach and game officials that may affect their ability to participate.

Medical Conditions: _____

In the event of an injury to my child, I hereby grant the authority to any qualified physician or EMT to render such emergency medical treatment, as they deem necessary under the circumstances. I also grant permission to any responsible person to seek medical assistance in the event of an injury.

Health Insurance Carrier: _____ **Policy Number:** _____

I intend that this Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I understand SkyHoops' registration fee refund policy allows a full refund up to the time of the player's evaluation session, half after the evaluation session, and no refund after the first practice. A \$5 processing fee is charged for refunds. I agree to pay \$10 to replace a lost or damaged shirt/jersey.

Parent/Guardian Signature Date

Registration Fee Received: _____

Received By _____ Cash \$ _____ Check \$ _____