

Erock Soccer

2017 WINTER CLINIC REGISTRATION FORM
Monday Evenings
January 9,16,23,30 and February 6,13,20
7 Training Sessions
Ages 5-12 from 5-6pm
Hudson Valley Sports Dome

Participants Name: _____ Age _____

Participants Name: _____ Age _____

Participants Name: _____ Age _____

Email (please print clearly): _____

Home Address: _____

Home Phone: _____ Emergency Phone: _____

Parent/Guardian _____

Insurance Carrier: _____

To enroll-please return this form along with full payment of \$125.00/participant for the full 7 sessions payable to: Erock Soccer LLC

Please Mail Check and Registration Form to:
Erock Soccer LLC
22 Kayleigh Dr
New Paltz, NY 12561

Erock Soccer LLC

Assumption of Risk and Insurance Policy Statement for participation in camp and sports clinic activities provided by Erock Soccer LLC

I understand and agree that the participation of my son/daughter in any camp or sports clinic held by Erock Soccer LLC is voluntary.

I further understand and agree that Erock Soccer LLC is not liable for any injury, damage, or other loss which my son/daughter may cause or incur, or may cause others to incur while participating in any camp or clinic provided by Erock Soccer LLC.

I have insurance coverage for my son/daughter, and specifically assume responsibility for all risks, injuries, damages, or other losses that my son/daughter might cause or incur while using any equipment and/or facilities at Erock Soccer LLC camps/clinics, or while participating in any program, exercise or activity.

Parent/Guardian Name

Signature

Date