



## ANTHEM SOCCER CLUB PROGRAM REGISTRATION FORM

**Spring Break Camp**

**Arena Soccer**

**Summer Skills Training**

Parent Name:			
Address:		State:	Zip:
Home Phone:	Work:	Cell/Emergency:	
E-Mail (Required):			
#1 Participant:	Program Name:	Fees:	
First:	Last:	Age:	Male / Female
#2 Participant:	Program Name:	Fees:	
First:	Last:	Age:	Male / Female
#3 Participant:	Program Name:	Fees:	
First:	Last:	Age:	Male / Female

**Remit This Form and Payment To:**

Mark Kerlin  
 21823 N. 31<sup>st</sup> Dr.  
 Phoenix, AZ. 85027

Anthem Soccer Club Disclaimer: As parent or legal guardian of the minor child /children identified above, and in consideration of the permission granted my minor child /children to participate in the Anthem Soccer Club Programs and to use the Anthem Recreational Facilities, I acknowledge, understand and agree that: Participation in the Anthem Soccer Club Programs and use of the Anthem Recreational Facilities and services involves the risk of injury; I consent to my child's /children's participation in the Anthem Soccer Club Programs, understanding and voluntarily accepting this risk; I release and forever discharge Anthem Soccer Club, Inc. and all its affiliates and their respective shareholders, members, directors, officers, employees, agents and contractors (collectively, "ASC, Inc.") from liability for any injury, including without limitation personal, bodily or mental, economic loss or any damage to me or my child /children arising out of or resulting from my child's /children's participation in the Anthem Soccer Club Programs or use of the Anthem Recreational Facilities, except to the extent such liability is caused by the gross negligence or willful misconduct of ASC, Inc.; If there is any claim by anyone based on any injury, loss or damage caused in whole or in part by my child /children, I agree to indemnify and defend ASC, Inc. against any such claims and pay ASC, Inc. for all expenses relating to such claims, except to the extent caused by the gross negligence or willful misconduct of ASC, Inc.; I represent that my child /children is/are in good physical condition and have no medical reasons or impairment that would prevent him /her /them from participating in the Anthem Soccer Club Programs; and I know that ASC, Inc. cannot give any medical advice. I have discussed or will discuss with my child /children's doctor any health or medical concerns that I have regarding my child's /children's participation in the Anthem Soccer Club Programs, now or in the future.

I have read this consent and release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Name of Parent / Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received:	Amount Received:	Check #
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