

CLASS A Soccer 2010
REGISTRATION FORM

Player Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Age: _____ Gender: _____ Male _____ Female

Grade in Fall: _____ Player Email: _____

School _____ Roommate Request _____

Parent Name(s) _____ Parent Email: _____

Type of Player: _____ Field _____ Goalie _____ Shirt Size: _____ S _____ M _____ L _____ XL

I agree that my child is in good health and is qualified to participate in all CLASS A Activities.

Parent Signature: _____ **Date:** _____

Cost and Payment: \$325 per athlete (space is limited so be sure to register early and pay only \$300)

Cost includes: Room and Board, Training and Instruction, Shirt, Ball, Water Bottle,
Complimentary Ichthus Festival ticket

Payment: If paying by check, please return the registration form with your check. If paying by credit card, please complete the following:

Payment by: _____ Check _____ On Line _____ Visa _____ Master Card \$ _____ Amount Paid

Card # _____ **Expiration Date:** _____ **Security Code:** _____

Name on Card: _____

Billing Address: _____

Signature: _____

Send your payment and registration to: CLASS A Soccer
444 Lewis Hargett Circle, STE 170
Lexington, KY 40503

Upon receipt of your deposit and completed registration form, a full registration packet will be sent to you with complete event details. You may also visit www.classasoccer.com for details and to download all registration materials. You may also contact Mark at 859-608-8234 or Brandon at 740-648-0885 or send email to classasoccer@gmail.com.

CLASS A Soccer 2010
Parental Consent Form and
Medical Treatment Authorization

Player Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell (Mother) (____) _____ (Father) (____) _____

Emergency Contact: (Name) _____ (Phone) (____) _____

Insurance Co: _____ Policy/Group Number: _____

MEDICAL INFORMATION

Allergies or Allergic Reactions: _____

Medications Presently Taking: _____

Date of Last Tetanus Toxoid or other Vaccinations: _____

Recent Illness: _____

Past Illness or Injuries: _____

Restrictions on Activities: _____

Other Important Information: _____

Name of Physician and last physical exam: _____

I acknowledge that my (our) child is in good health and can participate in all activities without restriction (unless indicated above). I (we) grant permission to CLASS A Soccer and its director, staff, assistants, trainers or other persons responsible for my child's care or supervision to act on my behalf for my (our) child in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made by to notify the Emergency Contact listed above by telephone. If that person cannot be reached, I hereby give my consent to such medical treatment as deemed reasonably necessary (including, but not limited to, surgery, x-rays and anesthesia) to treat my child's medical condition by a licensed physician, nurse, nurse practitioner or physician's assistant.

Full Name of Father: _____ Full Name of Mother: _____

I _____ (**full name**), declare that I am the Father/Mother/Guardian (**circle one**) of _____ (**Player**). Date: _____

CLASS A Soccer 2010
DISCALIMER/WAIVER OF LIABILITY

CLASS A Soccer, along with its partners, associates, sponsors, directors, staff, coaches, organizers, contractors, Host Institutions where the camp is being conducted and players housed and any other person or entity acting on its behalf (including, but not limited to Asbury College, Ichthus Ministries and the Charlotte Eagles), does not assume liability for any injuries incurred by my son while at camp or on the way to or from camp. Parents or Guardians should contact their own insurance carrier to secure additional insurance coverage for their camper, if necessary. As a condition of enrollment and participation in the CLASS A Soccer Camp, the following disclaimer of liability must be read, agreed to, signed and dated by the camper's parent or guardian.

By signing below, I acknowledge, accept and understand that soccer is a demanding physical contact sport and that my child will be participating in intense and rigorous training and competition during the camp, which involves risk of personal injury or harm. I further understand that injuries can and do sometimes occur during training, competition and other camp activities (ranging from minor injuries to very serious injuries, including ones rarely causing disability and death). I fully understand and hereby release and discharge and agree to fully hold harmless and indemnify CLASS A Soccer and its directors, partners, associates, sponsors, staff, coaches, contractors, organizers, affiliated entities, Host Institutions where the camp is being conducted and any other person or entity acting on its behalf (including, but not limited to Asbury College, Ichthus Ministries and the Charlotte Eagles), from and for any and all liability, claims, demands, damages, losses, causes of action, present and future, whether known or unknown, anticipated or unanticipated, for personal injury, property damage or loss of any kind or any other kind of loss suffered as a result of participation in the CLASS A Soccer Camp. I assume all responsibility for my child's participation in the Camp. Finally, I hereby authorize CLASS A Soccer to use my child's voice, likeness, photograph or similar medium for promotional use in its written materials or website or similar medium without further consideration. CLASS A Soccer will not sell such use to others without written consent from the parent or legal guardian.

I acknowledge that I have read the foregoing Disclaimer/Waiver and fully understand it.

Dated this _____ day of _____, 2010, by _____,

Mother/Father/Guardian (**circle one**) of _____ (**Player**).

ATHLETE CODE OF CONDUCT

I hereby agree to be bound by the rules of conduct as set forth by CLASS A Soccer and its Staff during the 2009 Soccer Camp. I agree to abstain from the use on anything that is unfit, illegal or immoral, including, but not limited to, alcohol, drugs, tobacco, gambling, pornography, inappropriate or offensive attire, weapons and similar things. I further agree to abide by curfew regulations established by the Staff and not to allow myself to be absent from the Camp group at any time. I further agree to show respect for my fellow athletes, the CLASS A Staff, Host Institution and others who may be on campus during the Camp. I fully understand that my failure to abide by these and any other regulations promulgated by the Staff could result in my immediate expulsion from the Camp, at the sole discretion of the Staff, without any monetary refund of any kind.

_____ (**Player Signature**) _____ (**Date**)

_____ (**Parent Signature**) _____ (**Date**)