

# Elite College-Elite Soccer ID Camp 2021

Player Info for Staff Coaches/Waiver – **Please Complete Fully**

## Personal Information

Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Home address \_\_\_\_\_

City/state/zip \_\_\_\_\_ Text

Home telephone number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Players E-mail Address \_\_\_\_\_

Parents Cell Phone Number \_\_\_\_\_ Parents E-mail Address \_\_\_\_\_

## Academic Information

High School \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

The undersigned parent or legal guardian of \_\_\_\_\_ (print full name), the “Registrant,” recognizes that soccer is a vigorous contact sport and that the Registrant may suffer temporary or permanent serious physical injury including but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer, participating in a practice or attending a camp. The undersigned parent or legal guardian of the Registrant recognizes that the types of injuries and harm mentioned in the preceding statement of this Release can arise from a wide spectrum of causes in regard to the sport of soccer and from the transportation necessary to participate. With full knowledge of the above-referenced risks, and in consideration for the [Soccer Scholarship USA, LLC](#) and Kenyon College accepting the Registrant in their program, and pursuant to any recreational assumption risk statute, the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify [Soccer Scholarship USA, LLC](#), Kenyon College and their respective coaches, staff, directors, officers, sponsors, and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant and his or her parents or legal guardians. This release includes transportation to and from the [Soccer Scholarship USA, LLC](#) and its individual sessions. I also grant permission to the [Soccer Scholarship USA, LLC](#) to release the Registrant’s personal data above to approved NCAA Men’s College Soccer Coaches.

Print name \_\_\_\_\_

Dated \_\_\_\_\_ Signature of parent/legal guardian \_\_\_\_\_