***THE LINDEN E. WALTERS TWENTIETH ANNUAL SOCCER CLINIC FOR CHILDREN 2022***

***Application Information (Please Print)***

**Minor Child/Participant Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade**\_\_\_\_\_\_ **D.O.B**.\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** \_\_\_\_*male* \_\_\_\_\_*female*

**School Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you played soccer in the past**? \_\_\_\_\_\_*yes* \_\_\_\_\_*no*

**If yes, how many years?** \_\_\_\_\_ **Position(s) played**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth size** \_\_\_\_\_\_\_*S* \_\_\_\_\_\_\_\_*M* \_\_\_\_\_\_\_\_\_\_*L* \_\_\_\_\_\_\_\_\_\_\_*XL*

**Medical Insurance**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies (food or drugs**) \_\_\_\_\_\_\_\_\_\_\_\_\_**Special Needs**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical condition that may be exacerbated by playing soccer, if any:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian/Custodian Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(City)*\_\_\_\_\_\_\_\_\_\_\_\_\_ *(State)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Zip Code)* \_\_\_\_\_\_\_\_\_\_\_

**Home telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(City)*\_\_\_\_\_\_\_\_\_\_\_\_\_ *(State)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Zip Code)* \_\_\_\_\_\_\_\_\_\_\_

**Home telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***THE LINDEN E. WALTERS FOUNDATION, INC.,***

***TWENTY-FIRST ANNUAL SOCCER CLINIC LIABILITY RELEASE/WAIVER***

Printed Name of Minor Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Minor Child”)

I certify that the Minor Child named herein is hereby granted my permission to participate in **The Linden E. Walters Foundation, Inc.** Twentieth Annual soccer clinic for children during the calendar year 2022 (the “Soccer Clinic”). I am aware of the nature of soccer activities, including but not limited to physical contact between players, the intensity of training and competition and the associated risks. Furthermore, I am aware of the Minor Child’s physical condition, experience and capabilities and believe the Minor Child to be qualified, in good health, and in proper physical condition to participate in such soccer activities.

***In consideration for the above Minor Child’s participation in the soccer clinic, conducted by The Linden E. Walters Foundation, Inc. I, in my own right as next of friend of such Minor Child, for myself and as a parent, legal guardian and /or custodian of such Minor Child, and our heirs, personal representatives, administrators, executors, successors, and assigns, intending to be legally bound, hereby irrevocably waive, relinquish, release and forever discharge, covenant not to sue, and agree to indemnify, defend and save and hold harmless The Linden E. Walters Foundation, Inc., its members, directors, officers, administrators, agents, employees, volunteers,*** ***other participants,***  ***sponsors, organizers, advertisers, and the owners and/or lessors of the premises on which the activities take place, and each of their respective successors and assigns, from and against any and all liabilities, claims, losses, damages, demands, causes of action, actions, costs and expenses (including attorney fees), whatsoever, we may have in any manner arising out of, growing out of or connected with the soccer clinic.***

**MEDICAL CONSENT**

I, in my own right as next of friend of such Minor Child, for myself and as a parent, legal guardian and /or custodian for such Minor Child, hereby authorize the administrating of basic first aid procedures as may be deemed necessary in the event my Minor Child is injured at or in connection with the Soccer Clinic. In case of a major accident, injury or illness requiring immediate medical or surgical care, I further authorize the medical personnel treating my Minor Child to act on my behalf, provided that they make such diligent effort as the nature of the emergency permits to notify me, or if I am not available, I hereby also authorize my emergency contact to act on my behalf in such situation.

**PHOTO WAIVER**

I, in my own right as next of friend of such Minor Child, for myself and as a parent, legal guardian and /or custodian of such Minor Child, intending to be legally bound, hereby grant **The Linden E. Walters Foundation, Inc**. and its members, directors, officers, administrators, agents, employees, volunteers, sponsors, advertisers, organizers, and the owners and/or lessors of the premises on which the activities take place, permission to use photographs, slides, film or sketches of said Minor Child taken or made during the day’s activities at the Soccer Clinic in its future publications, publicity advertising, promotions and fundraising materials, and for other commercial purposes. I acknowledge and agree that a photocopy of this consent shall be as valid as the original.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT, AND I HAVE SIGNED IT OF MY OWN FREE WILL AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.**

 **Parent/Legal Guardian/Custodian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**