

Registration Form – BSC Soccer Camp 2013

Participant Name: (print) _____

Street Address: _____

City: _____ **Zip:** _____

Email: _____

Phone: (Home) _____ **(Cell)** _____

Age: _____ **Birth Date:** _____ **Gender:** M F

Grade: _____ **School Attending:** _____

Shirt Size: YM (10-12) YL (14-16) AS AM AL AXL

AGES 5-10
\$60.00 REGISTRATION FEE FOR BEGINNER CAMP
JULY 8 - 12 9:00 - NOON

AGES 10 -17
\$60.00 REGISTRATION FEE FOR ADVANCED CAMP
JULY 8 - 12 5:30PM – 8:30PM

CAMP HELD AT J. FRANK HILLYARD MIDDLE SCHOOL

Mail Check payable to: RCRD
By: July 3rd
164 Dogwood Dr Broadway VA 22815

Contact: RANDY BLACK @ 540.578.3026

List any Allergies _____

YOUTH LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT: We understand the nature and scope of the activity listed above. We understand that there are risks and dangers associated with the activity. We further understand it is not the function of the County of Rockingham, its elected officials, its employees, agents, operators, or instructors (hereinafter the "Indemnified parties") to guarantee the safety of participants with respect to this activity. We fully assume the risk of all dangers associated with this activity and understand that in permitting our child or ward ("hereinafter the "infant") to participate in this activity. We have the responsibility to exercise due care in the performance of the activity for the safety of the infant and the other participants.

In consideration of the Infant's being permitted to enroll and participate in this activity, we hereby release, indemnify, hold harmless, and forever discharge the indemnified parties from any and all claims, demands, costs, charges, causes of action, expenses for harm, injury, damage, or any loss of any kind which may be sustained by us as a result of relating to participation in this activity. We agree that this release shall be legally binding upon each of us, our heirs, estates, assigns, legal guardians and personal representatives. This liability release and indemnification agreement is not intended to immunize the indemnified parties for acts of gross negligence or willful and wanton misconduct.

We certify that our true age is eighteen (18) years or older. We have carefully read this agreement and fully understand its contents. As the parents, legal guardians, or legal custodians of _____, in addition to releasing any derivative cause of action which we may have arising out of any injury, death or property damage as a result of or relating to property damage arising out of the infant's participation in this activity.

THIS IS A RELEASE OF LIABILITY AND INDEMNIFICATION. READ BEFORE SIGNING.

IN WITNESS WHEREOF, I have executed this Liability Release and Indemnification Agreement as my own free act on this _____ day of _____, 20____.

(Sign) _____
Parent, Custodian or Legal Guardian Name

(Print) _____
Parent, Custodian or Legal Guardian Name