

Red Arrow Soccer Club/The Barn
Emergency Contact / Waiver and Release Form

PARENTS SIGNATURE

____/____/____
DATE

Players Name _____ Gender _____ Age _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____

Phone Number (Home) (____) _____ - _____ Phone Number (Cell) (____) _____ - _____

In case of an Emergency and parent/guardian cannot be reached:

Contact _____ Relationship _____ Phone _____

WAIVER AND RELEASES

I understand that there are risks involved with my child's participation at The Barn.

I hereby authorize the directors of Red Arrow Soccer Club or their assignees, to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors and coaches of the Red Arrow Soccer Club and Randy Slain, owner of The Barn, from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this camp. Dismissal due to disciplinary action will result in no refund. I acknowledge and accept the conditions above with my signature below.

I certify that my child is in good health, and may participate in strenuous physical activities at the camp. I certify that there are no physical limitations to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and forever discharge Red Arrow Soccer Club and Randy Slain, and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with his/her participation at the Barn. I acknowledge and accept that this Release and Waiver is intended to be binding on the family, estate, heirs, executors, administrators and assigns of the minor named above. I further acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state of Michigan and agree that if any portion of this release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds the minor and me to all of its terms.

I waive and release the Red Arrow Soccer club & Randy Slain and their heirs, assigns or successors in interest of any and each of them from any and all liability which may result or arise from either my child's athletics participation or any medical treatment my child may receive.

PARENTS SIGNATURE

____/____/____
DATE