

4Goals Clinic
At Westport

June 28-30, 2010

APPLICATION

Fee: \$250 per session

Name

Address

City, State, Zip

E-mail

Phone

School

Year of HS Graduation

Position

Current Age

Please make checks payable to:

**4Goals
Marcia Pankratz
PO Box 49
East Haddam Ct 06423**

*To register online by credit card,
visit our website at:
www.4goals.net*

Waiver and Insurance Information

All players must have their own medical coverage. Players will not be allowed to play unless the following information is submitted and the form is signed by participant.

Player's Insurance Company

Insurance Company Address and Phone Number

Policy Number

I, the undersigned, hereby give permission for the staff of the Clinic to seek appropriate medical attention for the player during the period of the Clinic and for the medical attention to be given and for the player to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical coverage policy. I further certify that I am of good health and have no physical or other impediment which would endanger me from participating in the clinic.

I, for myself, my heirs, executors, and assigns, hereby waive, release, and discharge the School, 4Goals, its officers, agents, and employees ("releases"), from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the clinic, and I further agree to indemnify and hold harmless the School, 4Goals, its officers, agents, and employees from liability claim or action for damages which in anyway arise out of my participation in this clinic, even though that liability may arise out of negligence of carelessness on the part of releasees.

I further understand that accidents may occur during the clinic and that participants in this clinic may sustain personal injuries and or property damage as a consequence thereof. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless the School, 4Goals, its officers, agents, and employees from any liability to me or my heirs or assigns for damages arising out of or related to my participation in this clinic.

Signature _____

Guardian _____
(if under 18 yrs old)

Date _____