

Vela Soccer Academy FUTSAL

$20/session, 1 hour+

INSURANCE WAIVER

**- REGISTRATION FORM –**

**Please make all checks payable to:**

Vela Soccer Academy

**CASH with registration form**

**VENMO OR CASHAPP available with registration form OR**

**Credit Cards (square) also accepted.** A fee of 2.75%

will be added to all credit card transactions to cover costs.

**Player Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** M or F **Age**: \_\_\_\_\_\_\_\_\_\_\_

**Age group:**

(12-18) years \_\_\_\_ or (5-11) years \_\_\_\_

**Club/Team**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Emergency phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that my child has been checked by a licensed physician and is

physically able to participate in the sports camp. I agree to allow my child

to be treated by a licensed physician while attending, if necessary, and to

assume all costs related to such treatment. I authorize my insurance

company to pay benefits. Also, I authorize the disclosure of medical

information to my insurance company for the purpose of the claim. I

understand that if this application is accepted, there is no refund of the

deposit if we (parent or child) should cancel the application later. Hold

Harmless Agreement: I and my heirs hereby release Vela Soccer

Academy and ABQ Futsal and employees, officers, and agents from any

liability for damages to or loss of personal property, sickness, including CoVid and/or injury

from whatever source, legal entanglement, imprisonment, death, loss of

money etc., for which the camp is not culpable, which might occur while

participating in this camp. I allow Vela Soccer Academy to photograph

and/or videotape my child, and use in marketing materials.

**Parent or Guardian Signature:**

**Date:** \_\_\_\_\_\_/ \_\_\_\_\_\_\_ / \_\_\_\_\_\_