

SPIPLEX MARCH BREAK SOCCER CAMP

Camp Location: SPIPLEX, 7939 Highway #7, Selwyn, ON. K9J 6X4 705-755-0432

email: info@spiplex.com

March 11-15, 2019 Only \$150

Developing soccer skills in a fun learning environment!

Ages 5-12 9am-noon

Ontario Soccer certified coaches!

ALL CAMPERS RECEIVE A SOCCER BALL!

Drop off: 8:30-9:00 am

Space is limited!

SPIPLEX SOCCER CAMP REGISTRATION

PLAYERS INFORMATION:

Player's Name: _____ Male: _____ Female: _____

Address: _____

City: _____ Postal Code: _____ D.O.B (YY/MM/DD): _____

Telephone: (Home) _____ (Work) _____

Emergency Contact _____

EMAIL ADDRESS _____

Playing Experience: None HL Rep.

Medical Conditions: _____

MAKE CHEQUE PAYABLE TO: SPI

PARENT CONSENT:

Part A – RELEASE OF WAIVER FROM LIABILITY

The undersigned expressly acknowledges that sports and similar activities involve risk of physical injury greater than those encountered in daily life, and by participating in sports and other activities; participants acknowledge and assume the risk inherent therein. SPIPLEX and SPI Sports Management accept no responsibility, and shall not be liable, for any injury, illness, death, damage, loss, accident, expense, delay, or other irregularity resulting from participation in any activity or use of any of the facilities at SPIPLEX. In consideration of being permitted to enter and use the facilities at SPIPLEX, the undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE SPIPLEX, its officers, directors, employees, agents, servants and/or assigns for any and all damage, and any claim or demand.

Part B – DECLARATION OF PARENT OR GUARDIAN

I consent to my child named above participating in the SPIPLEX activities and I assume all risks arising from or in ANY way related to such participation. I therefore agree to waive any and all claims against, to indemnify and hold harmless SPI Sports Management Corporation and SPIPLEX its officers, directors, employees, agents, servants and/or assigns in connection with any claims made by or on the behalf of my child named above including legal costs. I certify that my child is in good physical and mental health. In case of a medical emergency, if I cannot be contacted directly, I hereby give permission to the physician selected by SPIPLEX to hospitalize, secure proper treatment for, and to order injections, transfusions, anesthesia, or surgery for my child, as named above. I acknowledge reading this Declaration and Part A and understand the conditions contained herein and agree to abide by all of the terms.

PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN PRINTED NAME _____ **DATE** _____