



SWAP Training Registration Form

PLEASE FILL IN ALL OF THE REQUIRED INFORMATION AND SIGN WHERE INDICATED

Soccer Program:

ID #:

Uniform Size:

Name		Middle Initial	Last Name		Nickname	Suffix
Gender Boy _____ Girl _____		Date of Birth	Age	Soccer Experience? YES _____ NO _____	E-Mail Address	
Telephone #	Address			City	State	Zip Code
Emergency Contact:			Emergency Telephone #	Doctor Name	Telephone #	
Medical Insurance Carrier			Insurance Number	Insurance Telephone #		

FATHER/GUARDIAN

Name		Middle Initial	Last Name		Suffix	Home Telephone #
Employer			Work Telephone #	Email Address:		

MOTHER/GUARDIAN

Name		Middle Initial	Last Name		Suffix	Home Telephone #
Employer			Work Telephone #	Email Address:		

Does the player have any current injuries or minor physical limitations or other medical conditions a coach should be aware of? If so please explain

RELEASE AND AUTHORIZATION

I, the undersigned parent or legal guardian of the above-named player, a minor ("Player"), on behalf of myself, Player and our heirs, assigns next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, and/or other officials of Soccer With A Purpose, Rafa Moran, and Tomas P. Rios to act as my agents in the capacity of supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume such risk.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGMENT AND REFUND POLICY, I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE TO INFORM **SWAP** IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR IT ATTACHMENTS CHANGES

In consideration of accepting the registration and permitting the voluntary participation of Player in the SWAP program, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law SWAP, Rafa Moran, Tomas P. Rios, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors lessees or other persons or entities allowing, permitting or authorizing the use of facilities by SWAP and the agents, employees, officers and directors or entities from any and all claims, demand, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participants or to members of my family or my household or individual I invite or for whom I am otherwise responsible while participating in or present at any SWAP event, including any physical or other injury caused by the negligence of any person or entity described above.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

REFUND POLICY: A full refund will be made if I notify **SWAP** of training cancellation at least 7 days prior to the first training session. A 50% refund will be made if I notify SWAP of cancellation at least 6 days prior to the first training session. No refund will be made if I notify SWAP of cancellation less than 2 days prior to the first training session.

PARENT/GUARDIAN

DATE

PAYMENTS: Amount: _____ Date: _____ Amount: _____ Date: _____

Mail form with check to SWAP Address: P.O. BOX 6521, Alhambra, CA 91802-6521

