



# John Gaspar Academy Developmental Program



## 2018-2019 Registration/Waiver

### John Gaspar Soccer Academy Players

Name of Participant: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ if applicable Special Medical needs: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

#### Release Waiver

It is the player's parents or guardian's responsibility to ensure that the participant is healthy and has no physical or other ailments, problems, or conditions that would prevent the player from participating in any activities at the John Gaspar Soccer Academy, LLC (hereafter collectively referred to as Academy). It is the player's parents or guardian's responsibility to ensure that the player has medical insurance in full affect. Academy will not be held responsible or liable for any medical payments or treatment. By participating in sports or events, player, player's parents, or guardians hereby acknowledge that the player has had a physical examination in the past year and is free from any illness, disease, ailment, or other injury that would prevent the player from participating in any sports or events at the Academy. The Academy is not responsible or liable for player's illnesses, diseases, ailments, or other injuries or any events that occur due to player's illnesses, diseases, ailments, or other injuries. By participating in sports or events at the Academy or other locations, player's parents or guardians hereby acknowledge to be true that soccer is an active and potentially dangerous physical sport. Injuries can occur during any time in the game of soccer that my result not only from the player's actions, but also from other people or other objects. By participating in sports or events at the Academy, player, player's parents and player's guardians hereby acknowledge and agree that the Academy will not be held responsible or liable for any negligence, intentional actions, injury, or other risks that the player may incur. Additionally, player, player's parents, and player's guardians hereby assume the risk and accept personal liability for any of the above. Player, player's parents and player's guardians hereby agree to indemnify and hold harmless the Academy and its successors and assigns for anything the Academy may be held liable for. Player, player's parents and player's guardians agree to not sue or bring any other action, in law or equity, in the courts or in any administrative proceeding, against the Academy, the Academy's successors and assigns, the Academy's employees, and anyone associated with the Academy. If player is injured during any sports or events at the Academy, player's parents and player's guardians hereby agree to allow the Academy to make, in the absence of player's parents or player's guardians being present, health care decisions on behalf of the player. Player, player's parents and player's guardians hereby agree to hold harmless and indemnify the Academy for any liability, loss or other damage that is the result of any activity.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_ (Player signature) if 18 years of age or older \_\_\_\_\_ Date \_\_\_\_\_

### Academy players must use this waiver or register online

*1st Player One Training Program 15 Hrs. Tuesday or Sunday \$180 Two Training Programs 29 Hrs. Tuesday & Sunday \$260*

*2nd Player One Training Program 15 Hrs. Tuesday or Sunday \$150 Two Training Programs 29 Hrs. Tuesday & Sunday \$200*

*3rd Player One Training Program 15 Hrs. Tuesday or Sunday \$120 Two Training Programs 29 Hrs. Tuesday & Sunday \$140*

*The 4th youngest player is free Attn: The Youngest family player*

**Attn: To secure a Training spot on any group the a waiver and payment/s must be turned in by the Dead-lines into the John Gaspar Soccer Academy 412 E. Moneta Av. Peoria Heights Ill. 61616 for more information call John Gaspar at (309) 397-9209 E-Mail (john@gasparacademy.com)**

I am signing up as an Individual for Training on Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Fri \_\_\_

Office use only: Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

***This Player is to train on Group(s) Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Fri \_\_\_ or Team training \_\_\_ Team name \_\_\_\_\_***