



ARROW SOCCER CAMP

JULY 29 - AUG 2

GOFFLE BROOK TURF FIELD

6:00 - 8:00PM / PLAYERS K-8

\$110 PLAYER / \$65 SIBLING

SIGNUP BY JULY 1 AT:

ARROWSPORTS.NET

Parental Waiver and Consent Form

I, the undersigned parent, acknowledge, agree and understand that:

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child’s participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child’s participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Waiver, Release of Liability and Indemnification Agreement

Event: 2019 JR Soccer Camp

Dates: July 29 - Aug 2

Place: Goffle Brook Field, Hawthorne

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

	K - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8	
Athlete’s Name (PRINT)	Circle Grade on 9/2019	D.O.B.
Street Address (PRINT)	City	Zip

List any physical limitations (allergies, hearing, sight, etc.): _____

I hereby give permission for my child to participate in all camp activities. In case of emergency, I grant permission for my child to receive emergency treatment.

(Print) Guardian/Parent Name	Emergency Phone
Signature	Date: _____

T-Shirt Size (circle 1): YS - YM - YL - YXL - AS - AM - AL - AXL

Return the entire form with payment (Check : **Arrow Sports** / Venmo: @ArrowSports)
 Arrow Sports - Attn: **Arrow JR Soccer Camp** - 53 Genevieve Avenue - Hawthorne, NJ 07506