

FREE YOUTH SOCCER CLINIC



...presented by South High School Soccer programs and coaches

Monday, October 10, 2011

Dutch Clark Stadium

Ages U-5 to U-14 Boys & Girls

Registration at 6 p.m.

Clinic from 6:30 to 8 p.m.



*Under the lights
at Dutch Clark!*



**Learn some new skills from one of the top programs in the state!
First 100 registered players receive a free commemorative t-shirt!
All abilities welcome! Age and ability-focused instruction/feedback.**



SOCCER CLEATS AND SHINGUARDS, PLEASE!

PARTICIPANT NAME _____ AGE _____

PARENT/GUARDIAN NAME _____ PHONE _____

WAIVER

In consideration of being allowed to participate in the South Soccer Youth Clinic (hereinafter "facilities"), I _____, the undersigned, acknowledge, and agree that: 1. The risk of injury from the activities involved in this program is significant including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce the risk, the risk of injury does exist; and 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases, or others, and assume full responsibility for my participation; and 3. I willingly agree to comply with the stated and customary terms and conditions for the participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the facilities immediately; and 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless South High School, anyone individually, Pueblo City Schools, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners of premises used for the activity ("Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent/Guardian Signature _____ Date _____

NOTE: Legal Parent or Guardian must be 18 years of age or older

Donations accepted for Cooperative Care Center

unwrapped toys and non-perishable food items