

**Fairfield Stags Youth Summer Soccer Camp @ Fairfield University
PARTICIPANT REGISTRATION, RELEASE AND WAIVER FORM**

Name _____ Email _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
School _____ Age _____ Grade _____ Club Team _____
Emergency Contact _____ Emergency Phone _____

In consideration of being allowed to participate in any way in the Fairfield Stags Youth Summer Soccer Clinics/Camps at Fairfield

University the undersigned:

1. Agree that the parents(s) or legal guardians(s) will instruct the minor participant that prior to participating she should inspect the facilities and equipment to be used and if the participant believes anything is unsafe, she should immediately advise her coach or supervisor of such conditions(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all of the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death.
4. Release, waive, discharge, and covenant not to sue Fairfield Stags Youth Summer Soccer Camp, Fairfield Men's Soccer, Fairfield University, their respective administrators, directors, agents, volunteers, coaches and other employees and associates, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and leasers or premises used to conduct the event, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demand losses or damages on account of injury, including death, damage to property caused or alleged to be caused in whole or in part by negligence or the releasees or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE GIVE UP SUBSTANTIAL RIGHTS
BY SIGNING IT AND SIGN IT VOLUNTARILY

(Participant's Signature)

(Date)

(Printed Name of Participant)

(Parent or Guardian's Signature)

(Relationship)

(Date)

(Printed Name of Parent or Guardian)

PARENT'S MEDICAL CERTIFICATION AND EMERGENCY MEDICAL AUTHORIZATION

I hereby confirm that my child named above has his/her physician certification of good health and no medical condition that would prevent him/her from participating in competitive Soccer.

I hereby give my permission for any and all medical attention necessary to be administered to my child named above in the event of an accident, injury, sickness, etc., under the direction of the coaches, managers, directors, and volunteers of Invasion Field Hockey, LLC Fairfield, Soccer or their designees until such time as I may be contacted. I also hereby assume the responsibility for the payment of any such treatment.

I HEREBY CONSENT THAT MY CHILD HAS BEEN VACCINATED FOR COVID 19; OR HAS A NEGATIVE COVID 19 TEST IN LAST 72 HOURS; OR HAS NO SYMPTOMS ASSOCIATED WITH COVID 19. (Please initial on line to left)

Please list any medical concerns or allergies that we should be aware of on the back of this form. Thank you

As legal parent or guardian of this participant I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in Stags Youth Summer Soccer Camp at Fairfield University

(Parent or Guardian's Signature)

(Relationship)

(Date)

(Printed Name of Parent or Guardian)

(Health Insurance Carrier)

(Name of Insured)

(Policy #)