



REGISTRATION FORM

EVENT INFORMATION

Description:

Start Date:

Finish Date:

PLAYER INFORMATION

Method of payment: PayPal (Please include the Transaction ID provided): Cash/Cheque

First Name: Last Name: Middle Initial:

Address: Apt. #: City:

Province/State: Postal/Zip Code:

Date of Birth: / / Gender: M F
YEAR MONTH DAY

Home #: () - Cell #: () -

Email:

I would like to receive emails regarding upcoming programs and events: Yes No

MEDICAL INFORMATION

Please list any medical conditions that our staff should be aware of (e.g. allergies, asthma, diabetes, etc):

EMERGENCY INFORMATION

Health/Care Card #: Province:

Insurance Company Name: Policy #: Phone #:

Emergency Contact (1)

First Name: Last Name:

Relationship: Phone #: () - Alternate #: () -

Emergency Contact (2)

First Name: Last Name:

Relationship: Phone #: () - Alternate #: () -

LEGAL AGREEMENT

I, the undersigned parent or guardian do hereby grant permission for my son/daughter _____ to attend the Parada Goalkeeper Clinic (the "Clinic"), and therefore acknowledge, understand and agree to the following terms:

1. DISCLAIMER, RELEASE OF LIABILITY AND INDEMNIFICATION

In consideration of the Parada Goalkeeping, and its directors, officers, employees, volunteers, clubs, contractors, agents, facility owner/operators and those for whom in law they may be responsible for (collectively "Parada"), allowing my son/daughter to participate in the Clinic and any and all other related activities, I hereby acknowledge and agree:

- (a) **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to my son's/daughter's participation in the Clinic, including, but not limited to, any such risks which may have been caused by the negligence of Parada;
- (b) **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS, DEATH OR DAMAGE** arising out of, associated with or related to my son's/daughter's participation in the Clinic, including, but not limited to, any such injury, loss, death or damage which may have been caused by the negligence of Parada;
- (c) **TO HOLD HARMLESS AND INDEMNIFY PARADA:**
 - (i) from any and all liability for any damage to the personal property of, or personal injury to, or death of, any third party resulting from my son's/daughter's participation in the Clinic and any and all related activities; and
 - (ii) from any and all claims, demands, actions and costs, including legal fees, which may arise out of my son's/daughters participation in the Clinic, including, but not limited to, any such claims, demands, actions and costs which may have been caused by the negligence of Parada.

2. MEDICAL

In the event that my son/daughter may need medical treatment due to a physical injury or illness, I hereby authorize Parada to seek medical treatment for my son/daughter for such illness or injury sustained during the Clinic. Thereafter, contact one or both of the emergency contacts listed above if deemed necessary.

3. INSURANCE

I hereby acknowledge and agree that my son/daughter is expressly excluded under any Parada insurance policy.

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

DATE

IMPORTANT

- Please arrive at least 15 minutes before each session.
 - Participant must bring shin guards and goalkeeper gloves with them to the clinic.
- Goalkeeper specific apparel is *recommended*.

DON'T FORGET TO BRING!

- Registration Form (only applicable if payment was made by credit card)
- Shin guards
- Gloves