



5817 S. 118<sup>th</sup> E. Ave. • Tulsa, Oklahoma 74146 • Phone (918) 249-0044 • Fax (918) 249-5156

**SPRING BREAK CLINIC REGISTRATION FORM**

\$95 clinic fee due upon registration

PARTICIPANT NAME: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_

PARENT or GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

WORK or MOBILE: (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY PHONE: (\_\_\_\_\_) \_\_\_\_\_

AGE GROUP: 4-5 \_\_\_ 6-7 \_\_\_ 8-9 \_\_\_ 10-11 \_\_\_ 12-13 \_\_\_ 14-15 \_\_\_

**Please Read & Sign Our Liability Release:**

I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury. I further agree that I assume all risks of injury for myself and anyone who comes with me to the premises incurred or suffered while upon the premises or as a result of using the facilities or equipment therein. I further expressly agree to release SoccerCity LLC, its owners, employees, agents, successors, assigns, affiliates and anyone else associated with SoccerCity LLC from any and all claims, demands or damages whatsoever, whether developed or undeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as Oklahoma law allows releases of this sort to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose. I further agree to save, hold harmless, and SoccerCity LLC, its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with SoccerCity LLC, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of any claims by me, anyone who comes with me to the premises, or related entities, and/or as a result of any claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises.

I HAVE READ THE FOREGOING RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SOCERCITY USE ONLY**

Date Received: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ Received By: \_\_\_\_\_