



TRINITY SPORTS CAMPS

WINTER SOCCER CAMP REGISTRATION 2011

CAMPER INFO

FIRST NAME _____ MIDDLE INITIAL ___ LAST NAME _____ D.O.B. ___/___/___
STREET ADDRESS _____ CITY _____ ZIP _____
E-MAIL ADDRESS _____@_____ T-SHIRT SIZE S / M / L / XL / XXL

EMERGENCY CONTACT

FIRST NAME _____ LAST NAME _____ RELATIONSHIP TO CAMPER _____
PHONE NUMBER (____) ____-____ ALTERNATE PHONE NUMBER (____) ____-____

MAIL PAYMENTS AND COMPLETED FORMS TO:

TRINITY SPORTS CAMPS 8385 SW FANNO CREEK DR TIGARD OR 97224

Medical Information

Injuries: _____

Allergies: _____

Does Athlete Have their own Inhaler? Y N

Other Medical Concerns: _____



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WAIVER & RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION

For good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, _____, (insert name of Player - PLEASE PRINT) hereinafter referred to as 'Player", and _____(insert Player's parents or legal guardians names - PLEASE PRINT), hereinafter referred to as "Parents/Guardians" agree as follows:

1. To the fullest extent permitted by law, we, and each of us, give full, final and unconditional permission for the Player to participate in any and all training, workouts, camps, conditioning, practices, games, scrimmages, transportation, parties, award ceremonies and other functions, all of which are hereinafter "Activities", sponsored, hosted, coordinated or attended, in whole or in part, by Trinity Sports Camps LLC, Horizon Community Church or Horizon Christian High School, all of which are hereinafter referred to as "Horizon".
2. To the fullest extent permitted by law, we, and each of us, understand the nature and dangers of the Activities and believe that the Player is now fully qualified to participate in all of them. We FULLY UNDERSTAND that the Activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("expense"); these Risks and dangers may be caused by the Player's own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; there may be other risks and social and economic losses either not known to us or not readily foreseeable at this time; and **WE FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of Player's participation in any Activities
3. To the fullest extent permitted by law, we, and each of us, **HEREBY UNCONDITIONALLY, IRREVOCABLY, FULLY AND FINALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS HORIZON COMMUNITY CHURCH**, as well as any and all of their respective employees, officers, directors, members, organizers, sponsors, supervisors, leaders, participants, officials, referees, volunteers, coaches, sponsors, agents and representatives as well any and all other players, other players' parents and legal guardians (each considered one of the "Releasees" herein) from any and all claims and damages, whether direct, indirect, general, special, reliance, incidental, consequential, exemplary or any otherwise, whether in an action based on contract, tort, negligence (active or passive), strict tort liability or otherwise. (including but not limited to claims and damages for injury, illness or death) whether known or unknown, now existing or arising at any time in the future which arise by reason of or are in any way related to this Agreement or any of the Activities
4. To the fullest extent permitted by law, we and each of us, further agree that if, despite this release, we or anyone on any of our behalf makes a claim against any of the Releasees named above, **WE WILL DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**
5. To the fullest extent permitted by law, we, and each of us, hereby authorize the Trinity Sports Training LTD director, and in his absence his designee, to act for us in any emergency situation requiring medical transportation, treatment or attention and to authorize any or all of the same on our behalf and at our sole cost and expense.
6. **WE HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Player Signature _____ Printed Name _____ Date _____

Signature of Parent/Guardian _____ Printed Name of Parent/Guardian _____ Date _____



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IMAGE RELEASE

Please sign an image release ONLY IF you would like to have your picture or possibly video on the website. We currently have a section on www.trinitysportscamps.com that has photos of the campers. This information will be kept private and if you would rather not have your child's image on the internet site please sign below in the appropriate box. Thank you for the opportunity to work with your athletes, they are proving to be the hardest working camp we have had.

I give Trinity Sports Camps my full permission to use pictures and/or videos of

_____ from Trinity Sports Soccer Camp on their website www.trinitysportscamps.com.

Signature: _____ Date: _____

I DO NOT give Trinity Sports Camps my full permission to use pictures and/or videos of

_____ from Trinity Sports Soccer Camp in any way.

Signature: _____ Date: _____