



EDGE11 ACADEMY PROGRAM REGISTRATION FORM

2020-21 EDGE11 ACADEMY SOCCER PROGRAM REGISTRATION FORM

To be completed by Parent/Guardian. Please complete and submit with your registration fee. Please print:

Player Name: _____ Circle: Male Female Birth Date: ___ / ___ / _____

Parent/Guardian Name(s): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Parent/Guardian Email Address: _____

School District: _____

Other soccer Clubs associated with: _____

PROGRAMMING OPTIONS:

EDGE11 ELEMENTARY PROGRAM	EDGE11 EARLY DEVELOPMENT PROGRAM	EDGE11 ENHANCED PROGRAM	EDGE11 ELITE ADD-ON PROGRAM	OTHER (PLEASE SPECIFY)
Start Date:	Start Date:	Start Date:	Start Date:	Program Name:
End Date:	End Date:	End Date:	End Date:	# of Players:
# of Sessions: Discount Applied: YES / NO	# of Sessions: Discount Applied: YES / NO	# of Sessions: Discount Applied: YES / NO	# of Sessions: Discount Applied: YES / NO	Dates:
Sibling Discount: YES / NO	Sibling Discount: YES / NO	Sibling Discount: YES / NO	Sibling Discount: YES / NO	Discounts:

EMERGENCY CONTACT(S) authorized to pick up player (other than Parent/Guardian). Photo ID required at pick-up.

- Name _____ Relationship _____ Best Phone # _____
- Name _____ Relationship _____ Best Phone # _____
- Name _____ Relationship _____ Best Phone # _____

HEALTH HISTORY

List any current/past illnesses and/or diseases, allergies, injuries, or other medical conditions including hospitalizations that player suffered from:



EDGE11 ACADEMY CLIENT WAIVER FORM

CONSENT FOR MEDICAL TREATMENT

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all of Edge11 Academy’s activities without need of individual or specialized attention or medical regimen. I agree to notify Edge11 Academy of any changes in my child’s physical or mental health while enrolled in Edge11 Academy soccer programming. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgement of the accredited program trainers, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.*If medication is required, it must come in the original container with usage/dosage instructions clearly printed on label. A doctor’s note and parent’s note must be sent, and child must be able to self administer.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT IN CONSIDERATION OF myself, or my child ('Participant') being permitted to participate in any way in the training, events and activities ('Activity') I, for myself or personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE, AGREE, AND REPRESENT** that I understand the nature of the Activities and that the Participant is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, the Participant will immediately discontinue further participation in the Activity.
2. **FULLY UNDERSTAND THAT:** (a) **THE ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ('RISKS');** (b) these Risks and dangers may be caused by my 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;** (c) there may be **OTHER RISK AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** the Participant incurs as a result of participation in the Activity.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE EDGE11 ACADEMY,** their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the 'RELEASEES' herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE 'RELEASEES' OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS** AND I **FURTHER AGREE** that if, despite this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT** I, or anyone on my behalf, makes a claim against any of the Releasees, I **WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT 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 AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

I also understand that once I, or my family members, image(s) have been captured, they may be posted on the Edge11 Academy website or social media platforms, the image can be downloaded by any computer user on or off the premises of Edge11 Academy. Edge11 Academy also reserves the right to discontinue use of photos without notice.

This is to certify that I am the parent or guardian of the minor Participant named above, having legal responsibility for this minor, and I do hereby consent (with the approval of my spouse, if any) to the minor’s participation in the Activities and agree to the Release of Liability as provided above and hereby make and enter into each and every representation, certification, waiver, release, assumption and indemnity described above in the Release of Liability on behalf of myself, the minor, any other parent or guardian of the minor, and our heirs, assigns, personal representatives, and next of kin.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Name Signature: _____ **Date:** _____



EDGE11 ACADEMY PAYMENT PLAN & INFORMATION

Edge11 Academy requires that all Edge11 Academy participants allow payments to be set-up electronically. **ALL EDGE11 ACADEMY CLASSES, ACADEMIES, LESSONS, AND ADDITIONAL PROGRAMMING REQUIRE FULL PAYMENT IN ADVANCE.**

There will be a \$25.00 fee for any bounced checks.

Any classes and academies will be rescheduled if there is not 50% enrollment. The client will be refunded 100% of their payment or receive an account credit if classes and academy sessions are canceled.

If a client has registered but is a late for an Edge11 Academy program, they will be permitted to participate but due to scheduling will not be able to make up for their lost time.

Lessons are non-refundable if canceled within 24-hours unless a legitimate excuse is communicated. Program cancellation must be submitted 1-week prior to the start of the first session.

See a complete list of our Edge11 Academy Programming Policies & Procedures, including payment responsibilities, online at www.edge11academy.com

Check, sign, and date here if paying by Venmo or online (website) transaction:

***To pay Edge11 Academy by Venmo, please create a personal account and add David Wright @David-Wright-104*

***If paying online through the Edge11 Academy website, please go to www.edge11academy.com and find the appropriate program under "Edge11 Academy Programs"*

Buyer's Signature: _____ Date: _____

Check, sign and date here if paying by cash:

Buyer's Signature: _____ Date: _____

Check, sign and date here if paying by check:

Buyer's Signature: _____ Date: _____

Please attach any cash or check payments to this form with the completed Client Waiver Form from Page 2.