



COERVER[®] COACHING SOCCER SCHOOLS



2008 Coerver Cup Student Registration

206.243.3984 • cup@coervercoachingnw.com • 13007 4th Ave So, Seattle, WA 98168 • www.coervercoachingnw.com

Student Information

Name _____ Sex _____ Age _____ DOB ____/____/____

Home Phone (____) _____ - _____ Alternate Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Parent Name _____ Phone (____) _____ - _____ Email _____

Parent Name _____ Phone (____) _____ - _____ Email _____

Emergency Contact Name _____ Phone (____) _____ - _____

Medical Conditions or allergies to which we should be alerted _____

How did you learn about Coerver Coaching (If word of mouth, from whom?) _____

Has anyone in your family previously been enrolled in a Coerver Program? Yes / No If yes, approximate date/year _____

Team Name _____ 2008 Age Group U _____ Club Name _____

Coach Name _____

ASSUMPTION OF RISK - WAIVER OF LIABILITY - MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to tumbling and soccer. Being fully aware of these dangers, I hereby give consent for my child (ren) to participate in any and all Coerver Coaching programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Coerver Coaching, Sportsmethod Ltd, adidas, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Coerver Coaching, Sportsmethod Ltd, adidas, and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide all medical expenses which may be incurred by myself or child(ren) as a result of any injury sustained while participating in a Coerver Coaching program.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN's signature _____ Date _____