



Inclusion Cup Youth Soccer Event

Open to Girls and Boys, ages 11-13

May 4, 2019

Albertus Magnus College - New Haven, CT

INDIVIDUAL REGISTRATION FORM

Send completed forms to Christian@JamesVickfoundation.org,
or mail to 49 Westwood Road, New Haven, CT, 06515

Name: _____ Grade: _____

Address: _____ Date of Birth: _____

Uniform T-shirt size: _____

Do you need equipment? If so please indicate here: _____

Parent/Guardian Phone: _____

Parent/Guardian Email address: _____

The player has medical restrictions which the JVF should be aware of. Yes _____ No _____

(Asthma, epilepsy, diabetes, allergies etc.) If yes, please explain _____

WAIVER AND RELEASE OF LIABILITY

In consideration of my involvement under the auspices of the James Vick Foundation Inc., I acknowledge and agree that: 1) I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to property; 2) I knowingly and freely assume all such risk; and 3) I for myself, and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the James Vick Foundation, it's administrators and their officers, official agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death, and/or loss of or damage to property except that which is the result of gross negligence and/or willful or wanton misconduct.

This is to certify that I, as parent/guardian of this participant, do consent to his/her release of the James Vick Foundation, it's agents, employees, and administrations from any and all liabilities incident to his/her involvement in the programs conducted by the 2019 Inclusion Cup. I have read the above Waiver and Release, understand that we have given up substantial rights by signing it, and sign it voluntarily.

Date

Signature of Participant

Date

Signature of Parent or Legal Guardian (if participant is under 18 years old)

Parent/Guardian name

Relationship to participant
