



SPRING BREAK SOCCER CLINIC

ELIGIBLE FOR BOYS AND GIRLS GRADES 4 THRU 7

COACH ROBERTO

Boys Soccer Coach – Howell Middle School North

DATES

MONDAY	APRIL 10	9:30 TO 11:30
TUESDAY	APRIL 11	9:30 TO 11:30
WEDNESDAY	APRIL 12	9:30 TO 11:30

LOCATION: HOWELL MIDDLE SCHOOL NORTH FIELDS
COST: \$55.00 PER PLAYER

CHECK MADE OUT TO **HOWELL PAL**

PLAYERS ARE REQUIRED TO BRING A DRINK AND SNACK,
ALONG WITH CLEATS, SHINGUARDS, AND A BALL.

Players must register via email to
sroberto@howell.k12.nj.us no later than April 1st.

Rain Date will be Thursday, April 13th.

ALL PARTICIPANTS MUST FILL OUT PAL WAIVER FORM

HOWELL POLICE ATHLETIC LEAGUE PARTICIPANT WAIVER

NOTE:

must be read and signed before the member is allowed to take part in a PAL program. By signing this form, the participant and/or parent or guardian agrees that they have read this waiver, understand the terms set forth herein and knowingly and voluntarily agree to the terms of this waiver.

Program Name: _____SPRING BREAK SOCCER CLINIC_____

Member's Name: _____GRADE_____

Address: _____

Phone #: _____ **DOB:** _____

EMAIL: _____

In consideration of my involvement in the program under the auspices of the Howell PAL (and/or its officers, volunteers, staff, sponsors, agents, members and/or activity participants) I hereby agree that:

I acknowledge that by participating

1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT OR DEATH. While the particular rules of the sport, equipment, personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property. I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above mentioned parties.

2. I

3. I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest Howell PAL Staff/Chaperone. For myself, and on behalf of my heirs, those assigned as a personal representative and my next of kin, I hereby: Release, Indemnify and hold harmless and agree not to sue, file a claim for relief or otherwise take legal action against the Howell PAL, their officers, volunteers, staff, or sponsors. Further I and/or my parent/guardian Releases from liability of any of the aforementioned from any liability from any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct. This indemnification shall include the payment of the Howell PAL's reasonable attorney's fees in defense of any claim filed by you.

4.

5. I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above identified subject. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Howell PAL may use such photographs of my child with or without their name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read this Howell Police Athletic League Participation Waiver and fully understand its terms. By signing this Waiver I acknowledge that I have done so both freely and voluntarily.

This signature is to certify that I, as a adult participant or the parent/guardian with legal responsibility for this participant who is a minor, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and indemnify the Howell PAL from all liability, incidents to my /our child's involvement as stated above.

Parent/Guardian Signature _____ Date _____

