



# OLD DOMINION WOMEN'S SOCCER

Monarch Soccer Sisters Program, March 15th – April 19th, 2022

## Registration Form

Please provide the following personal information for the participant:

First Name:		Last Name:			
Parent's First Name:		Parent's Last Name:			
Email:		Telephone:			
*All communication will be sent to the above email and/or calls to the above number					
Address:					
City:		State:		Zip:	
Date of birth:		School:		Age:	

I acknowledge that I will be responsible for the \$100 registration fee prior to the camp start date.

(Yes) \_\_\_\_\_

This fee reserves your spot in our Monarch Sisters Program for Spring 2022. Please note that your spot is only confirmed after check is received. Checks are nonrefundable. \*

Please email this form to [skirsche@odu.edu](mailto:skirsche@odu.edu) – **payment must be received to reserve your place.**

**\*\* This is a fundraising event for ODU Women's Soccer.**

**Therefore, everything raised through this initiative will go directly to the program. \*\***

Please make checks payable to: **Old Dominion University**

**Mail to:** Old Dominion University  
Women's Soccer (Attn: Sam Kirschenbaum)  
Jim Jarrett Athletic Admin Building  
Norfolk, VA 23529

**Please complete the attached Participation release form.**



# OLD DOMINION WOMEN'S SOCCER

## Participation Release Form

OLD DOMINION UNIVERSITY - Assumption of Risk

### PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in MONARCH SISTERS PROGRAM camp, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for concussions, broken bones, sprains, ligament damage, muscle tears, permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releases (as hereafter defined) or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. **Governing Law and Jurisdiction.** The laws of the commonwealth of Virginia shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws of principles. All suits, actions, claims, and causes of action relating to the construction, validity, performance and enforcement of the Agreement shall be in the courts of the Commonwealth or Virginia.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participants signature \_\_\_\_\_ Age: \_\_\_\_\_ Date signed: \_\_\_\_\_

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even is arising from the negligence of the Releases, to the fullest extent permitted by law.

Participants Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Emergency Phone #(s) \_\_\_\_\_

Date signed: \_\_\_\_\_