



DROP AND SHOP

Friday, November 23

6AM-NOON; NOON-6PM; OR 6PM-MIDNIGHT

Drop off your kids for this fun-filled camp while you shop.

This camp is for ages 7 and older and includes multiple sports, KIDZOODLES and games.

**Only \$30 for first child; \$45 per family (up to 3 kids);
\$10 each additional child after 3**

MUST PICK UP CHILD(REN) AT END OF SHIFT OR PAY \$15 LATE FEE.

Drop and Shop Waiver

EVERY CAMPER MUST COMPLETE AND SIGN THIS WAIVER. PHOTOCOPIES ARE ACCEPTABLE

C H I L D 1 \$30	Name _____	Parent's Name (player under 18) _____
	Address _____	Email address _____
	City/St/Zip _____	Phone H _____ Cell _____
	Age _____ Sex: M F	Emergency Contact and Phone Number _____
	Health Insurance _____	Policy # _____

C H I L D 2	Name _____	Parent's Name (player under 18) _____
	Address _____	Email address _____
	City/St/Zip _____	Phone H _____ Cell _____
	Age _____ Sex: M F	Emergency Contact and Phone Number _____
	Health Insurance _____	Policy # _____

6AM-NOON NOON-6PM 6PM-MIDNIGHT

Payment (circle): Cash Check MasterCard Visa Amount Enclosed \$ _____
 Credit Card # _____ Exp. Date: _____
 Name on Card: _____ Signature: _____

Make checks payable to SoccerZone & send to:
4900 Contec Drive, Lansing, MI 48910; phone: 517-394-5425; fax: 517-394-1616

WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant, in enrolling at SoccerZone, the National Indoor Soccer Association (NISA), understand that he/she/I in attending any SoccerZone program and using the facilities does so at his/her/my own risk. SoccerZone, and its owners, employees and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully and forever release, discharge and hold harmless SoccerZone, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. He/she/I understands that he/she/I must wear protective equipment set forth by SoccerZone and he/she/I take full responsibility for any injury resulting from not wearing the afore mentioned equipment. In addition, he/she/I agree(s) to follow the rules of play and conduct set by SoccerZone. He/she/I understand(s) that failure to do so may result in suspension from participation. CONSENT: I, the undersigned parent of/guardian of/participant do hereby grant authority to the staff of SoccerZone to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize SoccerZone and its assigns to utilize any and all photographs, pictures or other likeness of the participant as they deem appropriate in its promotional materials.

Signed _____ Dated _____