



KIDS DAY OUT

Friday, November 23

9am–5pm

Drop off your kids for this fun-filled camp while you shop.
Lunch provided. Sports, movies, games and more.

Only \$40 for first child; Bring a friend or sibling for ONLY \$20 more.

(limit one \$20 guest per \$40 paid registration)

Early drop off and late pick up available for additional fee

Kids Day Out Waiver

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

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\$40**

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 # _____

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\$20**

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 # _____

early drop off _____ (time and fee) late drop off _____ (time and fee)

Payment (circle): Cash Check MasterCard Visa Amount Enclosed \$ _____

Credit Card # _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Make checks payable to SoccerZone & send to:

1435 University Dr. Ct, Granger, IN 46530; phone: 574-243-5777; fax: 574-243-5778

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 _____