



SUNBLAZER SOCCER CAMP REGISTRATION FORM

WWW.SKSOCCER.ORG | SUNBLAZERINFO@GMAIL.COM | 786-333-3002

LOCATION: Kendall Indian Hammocks Park 11035 SW 84 ST, MIAMI, FL 33173

AGES: 4-18 (Boys & Girls)

COST: Starting at \$160/\$90 visit www.sksoccer.org for more information

CIRCLE WEEKS ATTENDING BELOW:

JUNE 14-JUNE 18

JUNE 21-25

JUNE 28-JULY 2 JULY 5-9

JULY 12-16

JULY 19-23

JULY 26-30

AUGUST 2-6

AUGUST 9-13

AUGUST 16-20

In consideration of the acceptance by sponsors of my entry in the Sunblazer Summer Training Series , I, the undersigned, Intending to be legally bound for myself, my heirs, executor, administrators and assignees, do hereby waive, release and forever discharge the sponsors of this event including Sunblazer Soccer Inc, F.Y.S.A. and any governing body or political subdivision of Florida, Miami Dade County Parks, South Kendall Sunblazer Soccer Club inc. and its employees all sponsors and producers of this event, their agents representatives, successors, assignees from all liabilities, actions, claims, demands, costs and expenses, which I may now or in the future have against them or any of them arising put of or in any way connected to my participation in or the operation of any event in route to or from the event included but not limited to any alleged negligence or other action or inaction of the above named parties . By participating in the Specified Activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2" ("SARS-CoV-2"), which is responsible for the Coronavirus Disease (also known as "COVID-19") and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risks of exposure, personal injury and/or other harm or loss that I may sustain in connection with such Communicable Diseases.

Campers Name _____ D.O.B: _____

Address _____ City/State

/Zipcode _____ Age _____

Positions Played _____

Parents

Name _____ Email: _____

Phone _____ Cel Phone _____

EmergencyContact _____ Phone _____

I hereby give my son/daughter permission to attend Sunblazer Camp and for a qualified, athletic trainer/or hospital emergency room to administer necessary health care in the case of an accident and/or emergency. In addition I acknowledge that I have read and understand all information in this waiver

Parent/Guardian Signature **Limited space available.**

Make payments via PayPal on website page once payment is complete submit this paper to sunblazerinfo@gmail.com For further information contact us by E-mail at sunblazerinfo@gmail.com