



# Strikers Summer Speed Program

## Registration Form

To register your son or daughter to participate in the program, please complete this form.

For and in consideration of my son/daughter being accepted into the Strikers Summer Speed Program, as legal guardian of my child, I state and promise as follows.

My child is mentally and physically capable of participating in the program. I understand that any evaluation or assessment of my child's physical fitness and any recommendation of activities made by anyone involved with the program shall not be a substitute for obtaining such evaluation, assessment or recommendation from my child's physician before participating in any of the program activities.

My child's participation is voluntary and I voluntarily permit my child to participate. I understand that participation in the program activities is an inherently dangerous activity and that the risk of participation include, but are not limited to, falls, collisions, cuts, and broken bones. I hereby, for myself, my child, our heirs, administrators, executors, personal representatives and assigns, forever waive, release and discharge any and all rights and claims for damages and losses, whether monetary or otherwise compensatory, that I or my child may have against: (i) Velocity Sports Performance Franchise Systems and its directors; (ii) executive directors, owners, managers, officers, employees, members, representatives, and agents, including the Richmond Strikers Soccer Club; (iii) all coaches, participants, organizers, supervisors, planners, and volunteers; and (iv) all city county and state governments for any and all injuries sustained by me or my child arising out of association with, entry in, or participation in the program and any program activities. I understand and agree that medical or other services rendered to my child by or at the insistence of any of the above parties are not an admission of liability to provide or continue to provide any such services and is not a waiver by any said parties of any hereunder. I also acknowledge that should my child require transport to a medical facility, I must pay for such transportation and any treatment period. I further agree now and forever to hold the above named and unnamed parties harmless and indemnify them for all claims, damages, judgments and costs of whatever nature and form. Velocity Sports Performance recommends that your child be examined by his/her physician before participating in the program activities. If my child has a history of heart disease, he/she will consult a physician prior to participating in the program activities.

_____ Athlete's Name	_____ Birthdate	_____ Parent/Guardian Signature
_____ Street Address		_____ City, State, Zip
_____ Email		_____ Phone #
_____ School	_____ Grade	_____ Strikers U15-U18 Team

**The program will be offered on Tuesdays and Thursdays at 5:30pm & 6:40pm. Please check with your coach for your team training time. Please indicate which dates you will attend:**

June: 12 <sup>th</sup> _____	14 <sup>th</sup> _____	19 <sup>th</sup> _____	21 <sup>st</sup> _____			
July: 10 <sup>th</sup> _____	12 <sup>th</sup> _____	17 <sup>th</sup> _____	19 <sup>th</sup> _____	24 <sup>th</sup> _____	26 <sup>th</sup> _____	31 <sup>st</sup> _____
Aug: 2 <sup>nd</sup> _____	7 <sup>th</sup> _____	9 <sup>th</sup> _____				