

# SAPRISSA SOCCER ACADEMY REGISTRATION FORM

Either print out this page and complete or complete the form on your computer and print out when complete.  
Completed forms may either be faxed to **201-798-4627** or mailed to:  
**SapriSSa Soccer Academy, 3163 Kennedy Boulevard, Jersey City, New Jersey 07306**

## FAMILY DETAILS

**Family Name:**  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Home Phone:**  
**Daytime Phone:**  
**Emergency Phone:**  
**E-Mail:**

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## PLAYER INFORMATION

**Name:**  
**Team Name (if applicable):**  
**Dates of Camp:**  
**Player Experience Level:**  
**Has player played or trained internationally before?**  
**If yes, please describe in detail:**

**Date of Birth:**  
**Age:**  
**Gender:**

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## PAYMENT AND REGISTRATION INFORMATION

(All prices are in U.S. dollars)

**Registration for Camp**      **\$2,000.00**

**Optional Spanish Program** \$  
(Please add \$250.00 for optional  
Spanish language program)

**Total Fee Due**      **\$**

**Credit Card Type:**  
**Name on Credit Card:**  
**Card Number:**  
**Expiration Date:**

**If payment is being made by check, make payable to Saprissa Soccer Academy, LLC.**

**I hereby agree to let my child participate in the sporting activities in this camp or program. I understand there are certain risks of injury inherent in the practice and play of these sports, as well as in traveling and other related activities incidental to my child's participation, and am willing to have him or her assume these risks. I hereby certify that my child is fully capable of participating in these sports and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity, except as may be included in writing with this application. In addition to giving full consent for my child's participation in this activity, except in the event of willful gross negligence on the part of Saprissa Soccer Academy LLC or its officers, coaches, sponsors, supervisors and representatives, I do hereby waive, release and hold harmless Saprissa Soccer Academy, LLC, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in these sports, trips and activities incidental to the academy program. I grant permission for my child to receive emergency medical treatment. I grant Saprissa Soccer Academy, LLC permission to use photographic or video images of my child in future promotional materials.**

1. All individual player registrations are subject to sufficient participation. In the event sufficient players are not registered for a particular session, the session will be cancelled at the exclusive discretion of Saprissa Soccer Academy, LLC. In the event the session is cancelled, all funds will be returned to the individual registrants.
2. Refunds will not be issued in the event of non-participation. In the event a particular session is confirmed with sufficient registrants, the registrant is expected to participate in that session. In the event registrant does not participate in that session, no refunds will be given. Additionally, no refunds and credits will be issued once a session has started.
3. Saprissa Soccer Academy, LLC makes no representations, no warranties whatsoever with regard to weather, adverse weather conditions, or any act of God, civil unrest, disturbance, governmental action, etc. interfering with the operation of the camp program. Participants acknowledge that in the event the camp program is disturbed and/or interrupted by any action outside the control of Saprissa Soccer Academy, LLC, that they shall in no event be entitled to any refund or partial credit.
4. Participants are encouraged to inquire as to whether their medical insurance covers injury and/or medical treatment outside the continental United States. In the event that your coverage does not extend beyond the United States, kindly contact Saprissa Soccer Academy, LLC so that you may be referred to an appropriate provider. Under no circumstances will Saprissa Soccer Academy, LLC assume any obligation and/or liability with regard to the payment for medical treatment for any injury occasioned during the course of the camp session or on any activities sponsored during that session. Parents and/or guardians remain liable for all payment of such medical expenses and agree to hold Saprissa Soccer Academy, LLC harmless with regard to any payment obligation concerning same. In the event that Saprissa Soccer Academy, LLC is required to outlay funds on behalf of any participant, parents and/or guardians of said participants agree to promptly reimburse Saprissa Soccer Academy, LLC upon presentment of invoice for such care rendered on behalf of the participant.

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**Signature of Parent or Guardian**

**I have read the above release and I agree that by indicating "yes" in the box below that I accept all terms and conditions as stated. I also attest that I am a legal guardian of the child which I am registering. I also approve my credit card to be charged for the amount indicated in the "Total Fee Due" box unless I have mailed in a check for payment.**

**\_\_\_\_\_ If you do not enter "yes" in this box, then your order cannot be processed.**