

# MPSA FIT FOR LIFE PROGRAM SUMMER SESSION

## AGILITY + COORDINATION + EXPLOSIVNESS

### PLAYER REGISTRATION AND WAIVER

**U9-U12 / WED / SUN / 6-7 PM / CUA TRACK / 7-8 PM CUA SOCCER FIELDS**  
**U13-U18 / WED / SUN / 7-8 PM / CUA TRACK / 6-7 PM CUA SOCCER FIELDS**  
**JULY 7 / 11 / 14 / 18 / 21 / 25 / 28 / 31 / AUGUST 1 / 4 / 8 / 11 / 15**  
**BRING BOTH FLATS AND CLEATS TO ALL SESSIONS!!!**

**TO ENROLL BRING THIS FORM + CHECK FOR \$25 (\$75 NON MPSA PLAYERS) TO THE FIELDS OR SEND THEM TO**

**Piotr Westwalewicz**  
**3399 Burbank Drive**  
**Ann Arbor**  
**Michigan 48105**

PLEASE PRINT CLEARLY

Registrant's name / number \_\_\_\_\_  
Registrant's birth date / grade / school \_\_\_\_\_  
Registrant's address \_\_\_\_\_  
Registrant's home phone \_\_\_\_\_  
Mother's name / mobile phone \_\_\_\_\_  
Father's name / mobile phone \_\_\_\_\_  
Mother's email \_\_\_\_\_  
Father's email \_\_\_\_\_  
Emergency contact \_\_\_\_\_

#### Parental permission

I, the parent / legal guardian of the registrant, a minor, recognizing the possibility of injury associated with soccer, hereby release, discharge, and otherwise indemnify Soccer Blast / MPSA Crush / MPSA Storm (SB / MPSA) and any and all the SB / MPSA coaches, managers, coordinators, volunteers, guest clinicians, etc, as well as all associated personnel, including the owners of the fields and facilities used for any and all SB / MPSA clinics, try outs, and other events against any and all claims by or on behalf of the registrant resulting from the registrant's participation in any and all SB / MPSA clinics, try outs, and other events as well as registrant's transportation to and from any and all SB / MPSA clinics, try outs, and other events. The registrant has received a physical examination by the physician in the last year and has been found physically capable of participating in SB / MPSA clinics, try outs, and other events.

#### Consent for medical treatment

I, the parent / legal guardian of the registrant, a minor, hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life and well being of the registrant. The SB / MPSA coaches, managers, coordinators, volunteers, guest clinicians, etc, may provide initial medical assistance.

#### Agreement

I, the parent / legal guardian of the registrant, a minor, willingly agree to hold SB / MPSA and any and all SB / MPSA coaches, managers, coordinators, volunteers, guest clinicians, etc harmless from any and all claims which may arise from injury sustained during registrant's participation in SB / MPSA clinics, try outs, and other events as well as registrant's transportation to and from any and all SB / MPSA clinics, try outs, and other events. I understand that the registrant participates at her / his own risk.

DATE \_\_\_\_\_  
PARENT'S NAME \_\_\_\_\_  
PARENT'S SIGNATURE \_\_\_\_\_