

2024 Grant Form

Office Use Only:

Registration Date: _____

Full Partial Declined

Amount Owed: _____

Review Date: _____

Admin Initials: _____

Final Payment Received Date: _____

Check One: Spring Summer Fall Winter

Check One: Recreation League SELECT League

2 Kicks Pre-Kicks Kickers Rec Ready

Fundamental 4's Skills Clinic Goalkeeper Clinic

Player's Name: _____ Birthdate (MM/DD/YY): _____ Gender: _____

School: _____ Grade: _____

Mom's Name: _____ Dad's Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Alternate Phone Number _____

Email (required): _____

All communications are done through email and the SAM soccer website.

Coach Request: _____ Special Request: _____

Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the SAM Soccer League, Program, Camp, Clinic or any other activity. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors, program operators, building contractors, suppliers, and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, ADVENTIST HEALTHCARE FIELDHOUSE, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex, their agents, sponsors and/or employees. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND ADVENTIST HEALTHCARE FIELDHOUSE, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that SAM Soccer, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees may use my child's photograph in future promotions.

Signature: _____ Date: _____

Print Name: _____

Would you like to receive text messages from the Maryland SoccerPlex and/or SAM Soccer?

Yes or No