



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

P.L.A.Y. Soccer – Participate & Learn At the YMCA

Description: This 7 week + playoffs youth basketball league is for boys and girls grades 1-4. The league will be focused on developing soccer fundamentals while allowing the kids to experience healthy competition in a safe and fun environment. All games will be at Turfzone and will have an assigned referee and scorekeeper. The league fee is \$50.00/student all participants will receive a t-shirt.

Registration Deadline: Saturday March 28<sup>th</sup>, 2015

Dates: Sundays, beginning April 12<sup>th</sup>, 2015  
Times: 12:00-4:00pm  
Fee: \$50.00 Student  
Where: TurfZone, 3515 McClelland Ave., Erie, PA 16510  
Contact: Monica Olesnanik (814) 877-3716; [molesnanik@ymcaerie.org](mailto:molesnanik@ymcaerie.org)

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\*\*ALL INFORMATION MUST BE COMPLETED FOR EACH PLAYER for them to be eligible to participate.\*\*

PLAYER'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Age: \_\_\_\_\_ Grade: (please circle) 1 2 3 4; Male \_\_\_\_\_ Female \_\_\_\_\_; T-Shirt Size: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
School \_\_\_\_\_

PARENT'S INFORMATION

Parent Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**WAIVER/AGREEMENT & RELEASE:** *By signing this form I/parent or legal guardian fully and forever release, discharge and agree not to sue the YMCA of Greater Erie Downtown Branch nor their officers, directors, agents, employees, representatives, volunteers, league sponsors, or any other affiliated parties or persons associated with the YMCA of Greater Erie from any claims for injuries, damages or loss in any way associated with this activity. Signature also represents a guarantee that the participant will abide by all the rules set forth for this league and will display proper sportsmanship and respect to all people/organizations associated with this event. I/parent or legal guardian also give my consent that any photographs, videos, etc. of myself, my child, my team or my family may be used in promotional materials such as but not limited to brochures, newspaper releases and social media. I understand that I will not be given notice or reimbursed for such photographs.*

By signing I/We agree that player's age and grade level information is factual and accurate. I/We also agree to abide by all rules and regulations and code of conduct set forth by the YMCA of Greater Erie for the above listed league.

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

MUST SIGN WAIVER ON BACK FOR REGISTRATION TO BE ACCEPTED

# TURFZONE, LLC ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in all activities at TurfZone, including by way of example and not limitation, any Risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in any activities at TurfZone. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the owners of Turfzone and that it will govern my actions and responsibilities at TurfZone.

In consideration of permitting me to participate in any activities at TurfZone, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, THE FOLLOWING ENTITIES OR PERSONS: TurfZone, LLC, its agents, representatives, employees or volunteers.
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in any activities at TurfZone, whether caused by negligence or otherwise. I acknowledge that activities at TurfZone may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by the condition of participants, equipment, the playing surface, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

I consent and agree that TurfZone, LLC and/or their coaches, employees, agents, representatives or volunteers may take photographs or digital recordings of me a participant during any activities at TurfZone and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Print Participant's Name and Age: \_\_\_\_\_

Signature (if under 18 years Parent or Guardian must sign) Date: \_\_\_\_\_

## *PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)*

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Sports Camp, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name and Age: \_\_\_\_\_

Parent/Guardian Signature (if under 18 years Parent or Guardian must sign) Date: \_\_\_\_\_