

“Train like a Champion” Cobras Academy Registration & Waiver

Player's Name:	
Player's Cobras Team or Age:	
Player's Head Coach:	
Player's Home Address:	
Email:	
Parent/Guardian Name:	
Home Phone #:	
Cell Phone #:	
Allergies or Physical Restrictions:	

Agreement: In consideration of participation in this camp, I acknowledge and understand the following:

Medical Attention: I understand that Train like a Champion, INC or Scott Vallow and staff do not offer a comprehensive medical insurance plan. I have checked with my family policy to make sure that the participant is properly covered at this camp. In the event of medical emergency, I hereby give permission to the physician and procedures selected by the facility to provide customary medical attention, transportation, and emergency medical services as warranted during participation of this soccer camp.

Waiver and Release of Liability: I am fully aware and appreciate the risks associated in the participation in a soccer event, including the risk of catastrophic injury, paralysis, and even death, as well as other types of damages and losses. I further agree on behalf of myself, my heirs, and personal representatives that Train like a Champion, INC or Scott Vallow and staff are not liable for injury, loss of limb, or other loss or damage occurring as a result of participation on this event.

Photos: I give Train like a Champion, INC and Scott Vallow and staff permission to use camp photos in which my child may appear on their web page or other published materials.

I understand and agree to all of the above.

Parent/Guardian Signature: _____ **Date:** _____