

South Bronx United - Participant Waiver of Liability

SBU Academy & Pre-Academy Program



In consideration of being able to participate in the South Bronx United Academy program (“The Program”) and to use South Bronx United facilities and equipment in connection with the program, I agree as follows:

ASSUMPTION OF RISK

The fact is that soccer is a contact sport that puts great stress on many parts of the body. It is impossible to list all of the inherent risks of soccer. These activities may involve, without limitation, the following types of risks that the participant may face: weather related risks (e.g. hot, humid weather; cold, inclement weather; lightning; high winds); over exertion and dehydration; being struck in the head or face by the ball; being kicked; collisions with players, officials, sideline obstructions, goals, walls; participant failure to adhere to posted rules or warnings; careless, erratic or negligent acts by co-participants; unexpected equipment failure; unknown facility hazards or defects; errors in judgment by SBU staff, coaches, game officials, or volunteers, **INCLUDING ACTS OF ORDINARY NEGLIGENCE** including, but not limited to, misjudging participant ability or fitness level, misjudging weather conditions, failure to give adequate warnings or adequate instructions, and concentration lapses while supervising.

HEALTH AND SAFETY AFFIRMATION

I recognize that South Bronx United Academy soccer programming may involve strenuous physical activity. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this program.

TRAVEL

I am aware that South Bronx United Academy programming requires frequent travel to games, practices, educational and recreational field trips, and other associated events and that there are risks associated with this travel, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from other’s actions, inaction, or negligence; conditions related to the travel. I assume all risks associated with travel to and from South Bronx United Academy programming.

AUTHORIZATION FOR MEDICAL TREATMENT

In connection with any injury I may sustain or illness or other medical condition I may experience, I hereby give permission for the South Bronx United and operators to use their best judgment in arranging for my child’s emergency medical treatment in addition to contacting me to the best of their ability. I authorize the provision of any emergency first aid, medication, or medical treatment deemed necessary by the attending medical personnel. I certify that my child is fully covered by medical insurance. I further agree to be financially responsible for the cost of such medical assistance and/or treatment.

SEVERABILITY

If any provision of this contract is held to be illegal, invalid, or unenforceable under present or future laws effective during the term of this contract, such provision is fully severable, and this contract must be construed and enforced as if such illegal, invalid, or unenforceable provision never comprised a part of this contract; and the remaining provisions of this contract remain in full force and effect and may not be affected by the illegal, invalid, or unenforceable provision or its severance from this contract.

INDEMNIFICATION

By signing this form, I acknowledge that I am aware of the potential risks of participation in any activities or use of facilities associated with this program as described in this document, and **I HEREBY RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS SOUTH BRONX UNITED, AND ALL OF THEIR AFFILIATES, PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND REPRESENTATIVES, PAST AND PRESENT**, (hereafter jointly referred to as “the Released Parties”) from any and all claims, suits, liabilities, judgments, costs and expenses (“Claims”) for any property damage, property loss or theft, legal costs, attorney fees, court costs and investigative costs, personal injury or illness, death including, without limitation, acts of ordinary negligence on the part of the Released Parties, or other loss arising from or relating to my participation in the program.

Date: ___ / ___ / ___ Participant Name: _____ Signature: _____

Address: _____ Phone: _____

If Participant is under 18 years old, this form must be signed by the Participant's parent or legal guardian.

I am the parent/legal guardian of the above-mentioned minor. I consent to the foregoing on behalf of such minor, and personally join in the warranties, representations and other provisions set forth above. I agree to indemnify and hold harmless the Released Parties with respect to any claims which the minor may make, or which may be made on behalf of the minor, as a result of the exercise of its rights hereunder.

Date: ___ / ___ / ___ Parent Name: _____ Parent Signature: _____

SOUTH BRONX UNITED

2018 SBU ACADEMY APPLICATION FORM



This is only an Application Form for the travel program. There is limited space in the program so not everyone can be accepted. If you are not selected we encourage you to register for the recreational program.

DATE: _____

If not selected for a Travel Team, do you wish to register for the Recreational Program? Yes / No

PLAYER INFORMATION

Player's Name: _____ Player Email: _____

Phone Number: _____ Grade Level: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Date of Birth: (M) __ (D) __ (Y) _____ Gender: M F Age: ____

School Name/No.: _____

Home Address _____
(street)

_____ (city) _____ (zip code)

Current Grade Average: _____ Number of School Absences last year: _____

(All youth are required to bring in their most recent report cards and transcripts once they begin participating)

CONTACT INFORMATION

Parent/Guardian Name _____ Email: _____

Home Phone (____) _____ Cell Phone (____) _____

Would you like to receive league news and updates via text message? Yes No

If yes, please provide name of cell phone service provider (ex.Verizon): _____

Parent/Guardian Name 2 _____ Email: _____

Home Phone (____) _____ Cell Phone (____) _____

EMERGENCY INFORMATION

Emergency Contact Name _____ Relationship to Player _____

Home Phone (____) _____ Cell Phone (____) _____

UNIFORM INFORMATION (Y=youth, A=adult)

Shirt Size: YS YM YL AS AM AL AXL Shorts Size: YS YM YL AS AM AL AXL

TRAVEL INFORMATION

Parents with cars: Would you be willing to drive players to games when necessary? Yes / No

DEMOGRAPHIC INFORMATION

Race/Ethnicity of Child: African-American American-Indian/Native Alaskan Asian
(check all that apply) Caucasian Hispanic/Latino Pacific Islander

- 1. Child country of birth: _____
- 2. Parent(s) country of birth: _____
- 3. Type of School Attending: Public Charter Parochial/Faith-based Private
- 4. Does your child receive free/reduced price lunch at school during the school year? Yes No
- 5. Primary Language Spoken at home: _____
- 6. Secondary Language Spoken at Home (if any): _____

ELIGIBILITY

Please be aware that priority is given to youth who live within our program area and demonstrate need (both financially and programmatically). Prior to acceptance an orientation will be held for the youth and parents/guardians to learn more about the program and assess eligibility. Proof of family income may be requested.

PROGRAM FEE

If you/your child is selected for the program and your family meets the financial eligibility criteria, the annual contribution per participant is \$80 for one full year. This includes full uniform (jersey, shorts, socks), insurance, and all associated costs. Further financial assistance is available by request.

PARTICIPATION CONSENT FORM FOR TRAVEL SOCCER AND EDUCATIONAL PROGRAMS

I _____ (Parent/Guardian name) allow my child _____ (child's name) to participate in a South Bronx United Travel Soccer Program for the 2018-2019 season.

(Please Initial)

- _____ I understand that if selected my child is required to participate in academic components of the program (mandatory at least twice a week), including after school tutoring and college prep in evenings for grades 10-12, and will do my best to ensure his/her attendance at such activities. Additionally, I give permission for South Bronx United to view my child's report cards and transcripts and to contact my child's school in reference to his/her academic and behavioral performance.
- _____ I understand that failure of my child to attend both academic and soccer programming may result in him/her being removed from the program prior to the end of our soccer year.
- _____ I know that participation in soccer may result in serious injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless South Bronx United and their respective organizers, sponsors, supervisors, participants and persons from any claim arising out of injury to my child while participating in South Bronx United programs. In the event that my child needs medical treatment while participating, I authorize South Bronx United staff and operators to take whatever action is necessary to care for my child and use their best judgment in arranging for my child's emergency medical treatment in addition to contacting me to the best of their ability. I certify that my child is fully covered by medical insurance and that I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by South Bronx staff, supervisors, and/or agents.

Parent/Guardian Signature _____ **Date** _____

For more information on this program, or to learn more about South Bronx United, contact info@southbronxunited.org | 718-404-9281 | 594 Grand Concourse, Suite 2, Bronx, NY 10451

www.southbronxunited.org