

TARPON SPRINGS RECREATION DIVISION 2012 YOUTH INDOOR SOCCER SESSIONS

The Tarpon Springs Recreation Division (TSRD) will begin playing pickup games in our Youth Indoor Soccer Sessions on Tuesday April 3rd at the Tarpon Springs Community Center from 6pm to 9pm. Competitive Sessions are for experienced players ages 12 to 15 and Recreation Sessions are for experienced or new players ages 8 to 11, who will play in a 4v4 or 5v5 game with no keeper and a smaller goal. Both sessions are Coed!

Youths aged 8-15 may participate in these pickup games which will play on Tuesdays in the Community Center Gymnasium. Participants must turn 8 prior to April 1st and must not turn 16 prior to April 1st in order to be eligible. Games will start promptly at 6pm for the Recreation Session and 730pm for the Competitive Session. **Each Session will last approximately one and one-half hours and run every Tuesday night through July 2012!**

Cost for each Session will be \$5.00 per child. A completed Youth Liability Waiver must be on file in the TSRD Youth Soccer Notebook! All participants must wear appropriate tennis shoes or indoor soccer shoes during play. Shin guards are optional.



I, _____, for myself, my heirs and personal representatives, and for the minor child _____, and his/her heirs and personal representatives, hereby assume for myself and for said child, all liabilities, risks, injuries and hazards incidental to participation in **YOUTH SOCCER**, in which said child participates, including transportation to or from the said activity. I represent that I am the natural parent or legal guardian of such child and have full lawful authority to execute this release, waiver and indemnification on behalf of said child, binding myself and said child and the child's heirs and personal representatives to the undertakings herein set forth. I acknowledge the fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless the CITY OF TARPON SPRINGS, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising from the negligence of the CITY OF TARPON SPRINGS, its agents or employees and sponsors or activity supervisors, arising from the child's participation in or presence at said activity. I acknowledge that the CITY OF TARPON SPRINGS will not assume any costs relating to any injury while the child is involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF TARPON SPRINGS or activity sponsor permitting the child's participation in the activity or program and in further consideration of the CITY OF TARPON SPRINGS not requiring self-funded liability insurance coverage as a condition precedent to the child's participation in the activity. I freely and voluntarily assume for myself and the said child all risk of loss or injury arising from the child's participation in the activity whether due to the child's negligence, or the negligence of others. I acknowledge that, absent this release and indemnification, the CITY OF TARPON SPRINGS or other sponsor of the activity would not have offered the child access to the activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk free.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I and the child might otherwise be entitled if the child is hurt or suffers loss during the child's participation in the activity.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNED THIS _____ DAY OF _____, 2012.

SIGNATURE OF PARENT OR GUARDIAN

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

HOME ADDRESS: _____

DATE OF BIRTH: _____
 HOME PHONE: _____
 CELL PHONE: _____

AGE: _____

T-SHIRT SIZE: _____ NA _____

WOULD YOU BE INTERESTED IN BEING A VOLUNTEER COACH? _____ NA _____
 (Note: coaches child/children are the only players guaranteed of playing for a particular coach-NO EXCEPTIONS)

IF SIGNING YOUR CHILD UP FOR THE COMPETITIVE LEAGUE, PLEASE IDENTIFY THEIR YEAR-ROUND CLUB : _____ NA _____