

ATHLETES
IN ACTION

Soccer CAMPS

2017



in partnership with

EMMANUEL COMMUNITY CHURCH

Location Forest Hills Soccer Field
Forest Hills Pkwy, Bayville, NJ 08721

Date July 24 -28

Time 6:00 pm - 8:00 pm

Age 5-13 Boys & Girls

Register www.aiacamps.com
or call 732-269-5690

Price \$40

Well supervised and safe environment.

Experienced coaches and staff.

Possible appearances by All American players, National champions, Semi-pro, and MLS Professional players.

Schedule

6:00-6:15	Welcome & Warm ups
6:15-7:00	Soccer Training & Drills
7:00-7:10	Snack
7:10-7:40	Soccer Training & Drills
7:40-8:00	Coaches Corner

Quality training for every skill level.

Testimonies of living and playing by faith.

Snacks and a closing barbecue for the family.

Athletes in Action T-shirt included.

www.aiacamps.com

RECREATIONAL ACTIVITY PHOTOGRAPHIC AND LIABILITY RELEASE AGREEMENT

(Under 18 years of age)

(First & Last Name: ONLY ONE per release)

The minor, _____ (herein "Participant"), wish to participate in a recreational activity (herein the "Activity") sponsored by _____, a ministry of Campus Crusade for Christ, Inc., a California non-profit religious corporation (herein the "Ministry"). This Activity is scheduled to take place from _____ to _____.
(Start Date) (End Date)

Ministry, Participant, and Participant's parent(s)/legal guardian(s) (herein "Guardian") agree that the Activity poses potential **Risks**. "**Risks**" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by plane, bus, train, car, truck, van or any other vehicle to and from the Activity location; Any and all inherent risks associated with travel or participating in Activity; Loss or destruction of Participant's personal property; Head trauma; Broken bones; Injury to or loss of limbs; or Medical complications related to a pre-existing condition of which Ministry was unaware.

For and in consideration of Ministry allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participant's personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasers") release, waive, discharge and covenant not to sue Ministry and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasers, on account of injury to Participant or death to Participant or injury to the property of Participant, **whether caused by the negligence of Releasees or otherwise**, while Participant is participating in the Activity.

Participant and Guardian are fully aware of the Risks and other hazards inherent in the Activity and are allowing Participant to participate in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by Participant while participating in the Activity.

Participant and Guardian acknowledge that as a part of this Release they shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity.

Furthermore, Participant and Guardian understand that Participant's **voice or image** may be recorded at this Activity or in travel to and from the Activity location. Participant and Guardian irrevocably grant to Ministry the perpetual, royalty-free license and permission to use, reuse, publish, republish Participant's **voice, likeness and photograph**, and to the extent provided by Participant, name and biography, as included in video or audio recordings or photographs from the event, in whole or in part, at Ministry's sole discretion, in conjunction with the Ministry Uses and promotion thereof. Ministry Uses include, but are not limited to, DVDs, photographs, cassettes, compact discs, transcripts and publications in written, electronic, digital and other formats now existing or later developed for sale, license, distribution, transmission or posting or download from the Internet.

Participant and Guardian warrant that they have fully read and understand this Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to Participant or Guardian.

CAUTION: READ BEFORE SIGNING

Date: _____

(Signed – Participant)

(Please Print Name)

(Signed- Parent/legal guardian #1)

(Please Print Name)

(Signed- Parent/legal guardian #2)

(Please Print Name)

Questions? Call Risk Management Department at (407)826-2152 or (888)272-4441

Fax: 407-826-2278

Keep a copy for your own records.



OFFICE USE ONLY	
Amount Paid \$ _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Balance Due \$ _____	
<i>(If any)</i>	
Balance Paid \$ _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
<input type="checkbox"/> Paid In Full	
<input type="checkbox"/> AIA Liability Release Signed	
Clerk's Initials _____	

***** PLEASE PRINT CLEARLY *****

PARTNERING CHURCH _____

CAMP DATE(S) _____

1. PARTICIPANT(S): *(Please use one form per family)*

Last Name	First Name	First Time? (√)	Allergies, Medical Conditions, or Pertinent Information?	Age	Birth Date	Fee
						\$
						\$
						\$
						\$
Total Fee						\$

2. MAIN CONTACT PERSON: *(Please Circle One) Father / Mother / Legal Guardian – CAN NOT be just a friend or relative.*

Last Name _____ First Name _____

Main Contact # _____ Email _____

Address _____ City _____ State _____ Zip Code _____

3. EMERGENCY CONTACT *(Other Than Main Contact):*

Last Name _____ First Name _____ Emgcy. Phone # _____

Relationship to Camper(s) _____

4. ALTERNATE ADULT APPROVED FOR PICK-UP *(If necessary):*

Full Name _____ Relationship to Camper(s) _____

5. MEDICAL CONSENT:

In the event of any accident, sudden illness, or medical emergency involving the above named camper(s)/minor(s), I, the above named parent/guardian hereby authorize Cru project directors or their representative as an adult person(s) into whose care the participant(s)/minor(s) has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. This authorization is limited to the camp date(s) listed above.

Signature of Parent or Legal Guardian: _____ **Date:** _____

(CAN NOT be just a friend or relative)

6. HOW DID YOU HEAR ABOUT THE EVENT? ___ Church ___ Prior Attendance ___ Friend/Family ___ Street Sign

___ AIA Website ___ Facebook ___ Email ___ Bridgefest ___ Poster ___ Radio ___ Other: _____