

GISA 3v3 Summer Program Registration Form

Complete and send the registration form and payment for team of \$70.00 to:

Lee Swafford

118 Riverview Drive

St. Simons Island, GA 31522

Make checks payable to: Lee Swafford

3v3 Team Name _____

Coach of Team _____

Phone (C) _____

Email _____

GISA 3v3 Summer Program Release Statement

I/We the undersigned hereby certify that I/we am/are the parent(s) or legal guardian(s) of the 3v3 participant. I/We hereby give permission for the staff of the director to seek appropriate medical attention for the player and for the medical attention to be given and for the player to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Lee Swafford and staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp activities or while at the 3v3 Summer Program, whether or not damages, injury or loss is due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in summer soccer 3v3 activities.

Parent/Guardian Signature for each player

Date

OFFICE USE ONLY

Date received: _____ CK# _____ Amount: _____