

PHILADELPHIA KIXX Kamps 2009



2009 REGISTRATION FORM

Player Name _____
 (Please Circle One) Male/Female DOB: _____
 Phone # to call during camp _____
 Email _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Father's Name _____ Work Phone _____
 Mother's Name _____ Work Phone _____
 Emergency Cell Phone _____
 Camp Date _____ Camp Location _____
 How Did You Hear About Us? _____

SHIRT AND BALL SIZE

Shirt Size: YM YL
 AS AM AL AXL
 Ball Size: 4(ages 4-11) 5(over 11 years old)

PAYMENT METHOD

(\$75 nonrefundable deposit due to reserve early registration rate)

CHECK: Check # _____
 Date _____
 Make Checks payable to Brent, LLC

CREDIT: Visa MC Discover
 Exp. Date _____
 Card Number _____
 Cardholder Signature _____

Visit www.kixxonline.com or call 1-888-888-KIXX for camp dates and locations

KiXX KAMP TIMES & FEES (Check One)

- OPEN DAY CAMP \$150**
(\$135 prior to June 1)
- TOT PROGRAM \$115**
(\$110 prior to June 1)
- OPEN EVENING OR TRAVEL TEAM CAMP \$120**
(\$110 prior to June 1)
- KEEPER KAMP \$165**
(\$145 prior to June 1)

Sibling discount - \$10 off additional registrations. Registrants of camps with less than 35 participants by June 1, 2009 will be refunded or may choose another location.

PLEASE RETURN THE COMPLETED REGISTRATION FORM AND SIGNED WAIVER TO:
 Philadelphia KiXX Kamps • Wachovia Spectrum • 3601 S. Broad Street • Philadelphia, PA 19148

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of the listed registrant's being accepted for the Philadelphia KIXX KAMPS' soccer programs and activities (the "Programs"), I, for myself and the registrant, for which I am parent and/or legal guardian, and my assigns, heirs and next of kin:

1. **ACKNOWLEDGE**, agree and represent that my son/daughter has received a physical examination by a physician and has been found to be capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with the medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.
2. **FULLY UNDERSTAND** that: (a) soccer involves risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("RISKS"); (b) these Risks and dangers may be caused by my registrant's actions or inactions, the actions or inactions of others participating in the Programs, the condition in which the Program takes place, or the negligence of the "Releases" named below; and (c) there may be other risks and social economic losses either not known to me or not readily foreseeable at this time. I hereby accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of my registrant's participation in the Programs.
3. **HEREBY RELEASE**, discharge and covenant not to sue the National Indoor Soccer League, Brent, LLC, Philadelphia KIXX, all other professional soccer leagues involved in sponsoring the Programs, the managers of the Programs and their respective affiliates and all of their respective administrators, directors, agents, officers, members, volunteers and employees, other participants, any sponsors, advertisers and, if applicable, owners and lessors of premises on which the Programs take place (each considered one of the "Releases" herein) from any and all liability, claims, demands, losses or damages on my or the registrant's account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations; and I further agree that if, despite this Release and Waiver of Liability,

Assumption of Risk and Indemnity Agreement I, or anyone on my or the registrant's behalf, makes a claim against any of the "Releases", I will indemnify, save and hold harmless each of the "Releases," from any and all litigation expenses, attorney fees, losses, liabilities, damages or costs which may incur as a result of such claim.

4. **HEREBY GRANT** the Philadelphia KIXX the right to use images of my son/daughter in the future marketing and/or promotion of KIXX Kamps through the use of their image or likeness in all KIXX promotional materials and internet initiatives, including the KIXX Kamp brochure and the KIXX Kamps section of www.kixxonline.com.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature _____
 Parent/ Guardian _____ Date _____

We will train in the rain. If your child is participating in a camp without indoor facilities, please make arrangements to have him/her picked up in the event of lightning.
 Include physician's records specifying registrant's allergies or drug sensitivities and special situations.
 There are no refunds or exchanges and cancelled days due to inclement weather will not be rescheduled.