

Waza FC's Youth Development Program

WAZA FC Juniors !!

Location: The Rink -1767. E Shore Drive, Ithaca & Lifa Soccer Field - 320 Peruville Road, Lansing NY

Train :
U7 & younger (Birth years 2014, 2015, 2016 & 2017) _____ \$350

**** Fees include!**

- Professional Coaching Staff will be running all sessions
- Sessions will all be outdoors with strict adherence to Covid guidelines.
- Make up sessions are available in case of severe weather.
- All players will receive a WAZA FC shirt!

Player Name: _____ Gender: F / M

Date of birth: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip: _____

Parents' names: _____

Home Ph: () _____ Cell Ph: () _____

Email Address: _____

Emergency Contact: _____ Phone: () _____

Doctor Name/Number: _____

Dentist Name/Number: _____

Health Insurance Info: _____

Allergies and other information that coaching staff should know to best serve your child (please explain clearly; it will remain confidential):

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Waiver

I, the undersigned legal parent/guardian of the child listed below, hereby give permission for my child, _____ to participate in Waza FC's Youth Development Program (YDP) / "Waza Juniors" **(the program)** at my and his or her own risk. I understand that there is NO supplemental **accident insurance coverage** provided for participants in the program. On behalf of myself, my child and any other guardian, I agree that we will abide by the rules and regulations of the program and will accept in good faith any and all decisions of the officials/person(s) in charge.

Recognizing the possibility of physical injury associated with soccer and in consideration for NYSWYSA, Waza FC, BC United Soccer Club and LaMarr Peters accepting the applicant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify its affiliate organizations and sponsors, their employees and association personnel, including the owners of fields and facilities used to run the program, against any claim by or on behalf of the applicant as a result of the applicant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

This child has had a physical exam within the last year and there is no medical restriction(s) to prevent program participation.

I and the above applicant hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Signature of Parent/Guardian: _____

Date: _____

Photo Release for newspaper or Waza FC website / social media accounts (signature required):

Return Application, Waiver & Payment to:

** Please make checks out to WAZA , and mail payment to:

Megan Drake
17 Asbury Road
Lansing NY 14882

** Direct questions on the program and application process please contact marketing@wazafcithaca.com .