

TARPON SPRINGS RECREATION DIVISION



RIVERSIDE PARK

WHY YOU SHOULD ATTEND ESTA CAMP ?

ESTA is a unique soccer institution with a real plan of training methodology focusing on player development and producing quality soccer players.

We offer:

THE ULTIMATE CHALLENGE: It's no secret. This program is demanding .All campers are challenged at their level and put to the test in training and game situations, small side games and technical skill.

CHALLENGING INSTRUCTIONS .ESTA believes in developing total performance in players, leaving nothing out.

CHALLENGE PROGRAM: The challenge program was created for campers of skill I levels and for many campers without previous competition playing experience.

ELITE PROGRAM: This program was developed with assumption that you already possess the fundamental technical skill and basic understanding of the game.

www.eurosoccertrainingacademy.com/camp-center/esta-day-camp

CHALLENGE (\$100) & ELITE(\$140): 7/26, 5-9pm; 7/27, 9-1pm; 7/30, 5-9pm, 8/1, 5-9pm; 8/3, 9-1pm.

UNDER SEVEN (\$60): July 27, and August 3, 9am-1pm

I, Parent/Guardian Name, for my minor child, Child's Name and personal representatives, hereby assume all liabilities, risks, injuries and hazards incidental to participation in any program, event or activity sponsored, or co-sponsored by the CITY OF TARPON SPRINGS, including transportation to or from the said activity. 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 my participation in the said activity. I acknowledge that the CITY OF TARPON SPRINGS will not assume any costs relating to any injury while I am involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF TARPON SPRINGS or activity sponsor permitting my 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 my participation in the activity. I freely and voluntarily assume all risk of loss or injury arising from my participation in the activity whether due to my 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 me 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 might otherwise be entitled if I am hurt or suffer loss during my participation in the activity.

The City of Tarpon Springs, and it's agents frequently takes photographic and video images of participants for marketing and advertising purposes. If you wish for the City of Tarpon Springs not to use your likeness or the likeness of your child, please indicate so in writing to: **CITY OF TARPON SPRINGS, ATTN: BLAKE MOONEY, 400 SOUTH WALTON AVENUE, TARPON SPRINGS, FL, 34689.**

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 _____, 2013.

SIGNATURE OF PARENT OR GUARDIAN
SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

PLEASE PRINT: NAME OF CHILD _____
ADDRESS _____
PHONE _____
EMAIL _____
DATE OF BIRTH _____

.....
Camper's last name _____ Camper's first name _____ Middle initials _____
Program: please circle: **CHALLENGE PROGRAM** **ELITE PROGRAM**

ESTA SOCCER CAMP 2013 RELEASE OF LIABILITY

I understand that registration fees and submitted payments are non-refundable. I consider the registrant above to be of good health and permission is granted to participate in all soccer activities, unless otherwise stated on this form. In case of illness and/or injury, permission is granted for medical treatment to be rendered to my son /daughter. I understand that I will be notified in case of serious illness/injury. All medical bills incurred by my son/daughter will be my responsibility.

Health insurance /Carrier number _____

Restricted activities _____

Drug allergies _____

Parent/Guardian _____

Parent Signature _____

This application is valid only in the package with the above Tarpon Springs Recreation Division application form. For costs and additional info Please visit www.eurosoccertrainingacademy.com