

2016/2017 APPLICATION

Student's Name _____

Parent's Name _____

Student's: _____

Age _____

Sex _____

Date of Birth _____

Street Address _____

City _____

State _____

Zip _____

Contact Phone _____

Email Address _____

ASEP SESSION - Choose your camp from the selections below and provide the following information:

AFTER SCHOOL ENRICHMENT PROGRAM

- Adams
- Brandon
- Cold Spring
- Ellwood
- Foothill
- Gaviota-Vista Del Mar

CHOOSE: Soccer Lacrosse

- Hollister
- Isla Vista
- Monroe
- Montecito Union
- Mountain View
- Roosevelt
- Washington

PAYMENT INFORMATION

- Check Payable to **one. Skill Factory**
- Credit Card information and authorization

Amount Authorized: \$ _____

Type of credit card:

- Visa American Express
- Mastercard Discover

Credit Card # _____

Security Code# _____

Billing Zip _____

Players receive:

Soccer: a professional dri-fit training jersey

Lacrosse: a warmup lacrosse reversible jersey

Name on Card _____

Exp Date (MM/YYYY) _____

NO REFUND, NO EXCEPTIONS.

Please also complete our Release of Liability & Medical Treatment consent form.

For more information about one. Soccer Schools and one. Lacrosse Schools visit www.oneskillfactory.com.

2016/2017 RELEASE OF LIABILITY

Student's Name	Age	Sex (M/F)	Date of Birth
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I have enrolled the above-named child ("Child") in the **ONE**. Soccer Schools/one. Lacrosse Schools program ("Program"). I understand the Child's participation in the Program involves exposure to the inherent risks of soccer that cannot be eliminated. I also understand that the Child's participation in the Program may involve a potential risk of injury. The risks include, but are not limited to, those caused by the playing surface, the equipment used, and the actions of other people including, but not limited to, other participants in the Program.

Individually and as the parent or guardian of the Child, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with the Child's participation in the Program including all risks associated with soccer or using equipment intended to improve or enhance the Child's soccer skills.

Despite my understanding of the foregoing risks, I, individually and as the parent or legal guardian of the Child, AGREE TO NOT SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS **ONE**. Soccer Schools/one. Lacrosse Schools (one. Skill Factory, Inc.), its Board of Directors and representatives, employees and agents for any damage or injury arising out of the Child's participation in the Program regardless of cause, including NEGLIGENCE.

I understand that the foregoing is a LIABILITY RELEASE that is legally binding on me, the Child, our heirs and our legal representative and I sign it of my own free will. I furthermore acknowledge that the foregoing is binding during the 2016/17 Spring/Summer/Fall/Winter soccer camp season.

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

Signature of Parent or Guardian	Date
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Print Name of Parent/Guardian

Insurance Carrier	Policy No.
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EMERGENCY CONTACT

Name

Relation

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Primary Phone	Alternate Phone
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