**LNSP West Soccer Skills Challenge**

Registration Form

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver/Exclusionary Clause

I, the undersigned parent/guardian/participant, in enrolling at Lost Nation Sports Park (LNSP), understand that he/she/I, in attending any program and using the facilities, does/do so at his/her/my own risk. LNSP and its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I does/do hereby fully and forever release, discharge, and hold harmless LNSP, all associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person’s participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by LNSP. He/she/I understand(s) that failure to do so may result in suspension from participation. I also give permission for the free use of my child’s/ward’s name, picture, and/or likeness in any article, broadcast or other account of the league/camp/tournament, including but not limited to, promotion of future events or other promotional use.

Consents

I, the undersigned parent of/guardian of/participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby grant authority to the staff of Lost Nation Sports Park to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

**(Cut here and mail or deliver to 2101 All Pro Athletic Ave., Lorain, OH 44053)**

**Payment Information:**

$\_\_\_\_\_\_\_\_ Total Registration Fee

Credit Card:

 Master Card  Visa  Discover

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV# (on back of card): \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check  Cash

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_