



Free Soccer Clinic and Recycled Soccer

Gear: Sunday, October 1st

Free Clinic and Handing out Recycled Gear: 10:00am – 11:45 am at Al-Marzook field (University of Hartford)

Free Lunch for Child and Family: 12:00pm- 1:00pm

Uhart's Athletic Fan Zone: 1:00 pm - 2:00 pm

Free Admission to Women's Soccer Game: 2:00 - 3:30pm

UHMS students can join SistaSoccer for a free soccer clinic from 10:30am to 12:00pm with trained soccer coaches and current women and men soccer players at the University of Hartford. Each registered child will receive a recycled pair of soccer cleats, shorts, shirt, bag, soccer ball, socks and pair of shin guards. Following the soccer clinic, lunch will be provided and free admission to the University of Hartford Women's Soccer game vs. Stony Brook! Children will accompany players onto the field during the announcements and Star-Spangle Banner.

An adult must accompany all children. Family is more than welcome to join us for lunch and free admission to the soccer game. Please specify on the sizing form how many people will be attending the game.

Location: University of Hartford is located at: 200 Bloomfield Avenue, West Hartford. Follow signs to sports center. Free parking will be available behind the soccer field. A university shuttle will be running from the bus stop on campus to the soccer field.

To ensure that each child is able to participate in the clinic and receive the correct sizing of gear, please **fill out the permission slip and sizing form**. Return the permission slip and sizing form to Mrs. Lebel or Ms. Oberholtzer. Visit www.sistasoccer.com for more information. Any questions can be emailed to joberholtzer@crec.org or sistasoccer@gmail.com

FORMS MUST BE RETURNED NO LATER THAN SEPTEMBER 22nd.



Sista Soccer, Inc. 501c3 Nonprofit Organization Sizing Form

Name of Child: _____

Age and grade: _____

T-Shirt Size:

Short Size:

Shoe Size:

****Please specify YOUTH or ADULT**

Cleat Size:

****Please specify YOUTH or ADULT**

**SistaSoccer, Inc. will also be providing snacks and meals for your child, please list ANY food allergies we need to be made aware of for the safety of your child

Allergies: _____

Other Comments/Notes SistaSoccer, Inc. should be made aware of:

Number of tickets needed for the game and lunch: _____

Parent/Guardian Signature: _____

Phone number: _____ **Email:** _____

Date: _____

Waiver & Release form – Read before signing



In consideration of being allowed to participate in any way with **SistaSoccer, Inc.'s** and **The University of Hartford's** program, clinics, activities, and events including the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation: and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such it to the attention of the nearest SistaSoccer correspondent.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SistaSoccer, Inc. officials, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises uses to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I acknowledge that any photos taken by SistaSoccer, Inc. officials will be used solely for the purpose of media content, and if unwilling to consent, then I will let any SistaSoccer, Inc. official know prior to participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

DATE SIGNED: _____

(Participant's Signature)

FOR PARTICIPANTS OF MINORITY AGE (UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

DATE SIGNED: _____

(Parent/Guardian Name Printed)

(Parent/Guardian Signature)

Emergency Contact Telephone Number: _____