



In the name of ALLAH, most gracious most merciful

ISLAMIC CENTER OF BOCA RATON

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Soccer Class for Children Registration & Waiver Form

Parent and Guardians MUST fill this form and sign the liability waiver in order to be admitted to the class.

Participant Name	First	Last	
	Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian	Father	Mother	
Mailing Address			
	City	State	Zip
Phone	Home	Office	
Cellular	Home	Pager	
Email	Home	Office	
Participant Soccer Experience			

Liability Waiver	<p>I, the undersigned, applicant or guardian of an applicant to ICBR Soccer training Class, understand and acknowledge that I am applying for instruction in Soccer training, Soccer training involving strenuous exercise and body contact. I further understand and acknowledge that the ICBR Soccer training Class carries no insurance against injury to any of its students. As a condition to, and in consideration of, the privilege of being admitted as a student to the class, I hereby agree and promise to assume risk and responsibility for any and all injuries, or damages due to injuries, suffered by me or my child or caused by third parties to me or my child, arising out of participation in activities involving Soccer training, whether classes, demonstrations, practices, or any other use of the premises, facilities, or equipment of ICBR, whether occurring on the premises of the center or at any other location.</p> <p>I hereby release, indemnify, and forever discharge and hold harmless the Islamic Center of Boca Raton (ICBR), its Directors, employees, students, volunteers and patron, from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with, any of the above-mentioned acts and activities.</p> <p>I hereby agree and covenant myself, and my successor and assigns, never to sue, either at law or in equity, ICBR its directors, employees, students, volunteers and patron, on account of any such claim, liability, damage, injury, or loss.</p>
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Guardian Signature	IN WITNESS WHEREOF, I have set my hand and seal to this document which I intend to be a legally binding document, on the day and year below written and understand it fully.	
		Date

Office Use Only	Reg Fee: \$	Class Fee: \$	Uniform: \$
	Payment Method:		
	<input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Check: \$ _____ Check No.: _____ <input type="checkbox"/> Credit Card (<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express) Credit Card No: _____ Exp Date: ____/____		