



ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of Coordinator(s): Pastor Michael "Tank" Meridionale & Joe Mata

Ministry/Small Group: Children's Ministry

Coordinator(s) Phone: (954) 424-8046 ext 17 Email: soccer@calvarysawgrass.org

Description of Activity: KidZone Soccer

Date(s) of Activity: Saturday mornings at 9am

Location of Activity: Calvary Chapel Sawgrass

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian if under the age of 18)

Name of Participant: _____

Participant Address: _____

(Apt)

(City) _____ *(State)* _____ *(Zip)* _____

Emergency Contact _____

Phone: _____

(Day) _____ *(Evening)* _____

MEDICAL INFORMATION

Is sponsor authorized to approve medical treatment? *(circle one)* Yes No

Is participant covered by medical insurance? *(circle one)* Yes No

If yes: *(Company)* _____ *(Policy #)* _____ *(Group#)* _____

Does participant have: *(circle one)*

Medical Allergies Yes No *If yes please list:* _____

Food Allergies Yes No *If yes please list:* _____

Medical Conditions Yes No *If yes please list:* _____

PARTICIPANT AGREEMENT

By signing below, the participant (parent/guardian) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor; the participant (parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (parent/guardian) promises to hold harmless the sponsoring organization and representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____

(Participant or parent/guardian if participant is a minor)

Witness: _____ Date: _____

Witness: _____ Date: _____

