



SUMMER SPORTS CLINICS REGISTRATION FORM

(Fax form to 951-674-9603 Attn: CCC Stars)

NEW or RETURNING PARTICIPANT (circle one)

Clinic (circle one): FOOTBALL SPEED & AGILITY SOCCER

Parent Name: _____ Email: _____

Player Name: _____ DOB: _____ Age: _____

Address: _____ Sex: M or F (circle one)

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

REGISTRATION FEE: \$25 per participant

Paid By: Credit Card / Cash / Check (Check No. _____)

Credit Card #: _____ Exp. Date: _____

Please Note – a convenience fee will be added to Credit Card Orders

Name on Card: _____ Signature: _____

Refunds: CCC Stars will not be able to issue refunds after the start of the clinic. Prior to start of the season refunds are available.

IMPORTANT – I/We the parent/guardian of the above named player, a minor, and the above named player agree to the following:

(1) To abide by the rules of CCC STARS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with any kind of sport and in consideration for CCC STARS accepting the registrant for its sports programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CCC STARS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. (2) To authorize my child's school to verify the date of birth of my child from school records to a CCC STARS authorized representative for the limited purpose of CCC STARS player age verification. (3) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. (4) To hereby give my consent to CCC STARS to take photographs, video recordings, and/or sound recordings of the above named player in documenting the activities of CCC STARS programs. I grant CCC STARS permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for CCC STARS educational and promotional purposes in manuals, on flyers, on the World Wide Web, or in other publications. As a parent or legal guardian of the above named player, I understand that the registrant's name will be added to the Association's mailing list.

I certify that all information given is correct. I agree to all stipulations herein and to abide by the rules and regulations of the CCC Stars.

Signature of Parent or Guardian _____ Date: _____