



-FALCON SUMMER SOCCER COMBO SPECIAL-

1. Falcon Mini Camp- (FRI-SAT June 14th and 15th)
2. Dark Stars Elite Soccer Camp- (MON-THURS July 8th-11th & July 22nd-25th)
3. Preseason Prep Camp- (MON-TUES-WED August 12th-13th-14th)

- **-Price: \$555** per player (**Sibling Discount \$505 per player*) - **\$455** for ALL RETURNING SJ FALCONS F.C. PLAYERS**-For ALL 3 Events*
- **Payment: Venmo, Cash or Check accepted**-Here 's the link to my [Venmo profile](#). - .Make checks payable to Cash. Mail to Sam Roca 17 Tall Oaks Drive Wayne, NJ 07470.*Once received email confirmation will be sent*
- **-Registration:** Please Complete Google Form or mail this completed form to Sam Roca 17 Tall Oaks Drive Wayne, NJ 07470. Or email completed form to sroca@stjoes.org
- **-Location:** Saint Joseph High School- TURF Soccer Fields- 145 Plainfield Ave. Metuchen, NJ 08840

<u>Name:</u>	<u>Address:</u>
<u>Age:</u>	<u>Emergency contact and contact #:</u>
<u>Shirt size:</u>	<u>Payment Method:</u>
<u>Position:</u>	<u>Allergies :</u>
<u>Email:</u>	<u>Club/ High School Team:</u>

WAIVER/RELEASE : INCLUDING COMMUNICABLE DISEASES* COVID-19

Liability/Medical Waiver: I hereby authorize the coaches/staff of SJ ,Dark Stars Elite Soccer, LLC and AP2T to seek medical emergency care for my child. I hereby assume all risks and hazards incidental to participating in the Dark Stars Elite Soccer, LLC Camp, and I do waive, release and absolve the SJ ,Dark Stars Elite Soccer, LLC and AP2T director, staff and participants for any claim arising out of injury to my child. I represent that I am the parent/guardian of the above named minor and I agree that the grant and release contained therein binds the minor and me to all its terms. I agree to assume complete financial responsibility for any personal injury to my child while attending Dark Stars Elite Soccer, LLC Camp. *COVID*I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.I further acknowledge that SJ ,Dark Stars Elite Soccer, LLC and AP2T has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Dark Stars Elite Soccer LLC cannot guarantee that // my son will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, son, and others, including, but not limited to, owner, staff, partners and other campers and their families. I / my child voluntarily seek services provided by SJ ,Dark Stars Elite Soccer, LLC and AP2Tand acknowledge that I am increasing my child's and my own risk of exposure to the Coronavirus/COVID-19. I acknowledge that I and my son must comply with all set procedures to reduce the spread while attending camp. I attest that:* I am, nor is my child, experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. * My child has not traveled internationally within the last 14 days. * My child has not traveled to a highly impacted area within the United States of America in the last 14 days. * My child does not believe he has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. * My child has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities. * My child is following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19. I hereby release and agree to hold Dark Stars Elite Soccer LLC harmless from, and waive on behalf of myself, my son, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the owner /staff/partners , or that may otherwise arise in any way in connection with any services received from SJ ,Dark Stars Elite Soccer, LLC and AP2T. I understand that this release discharges SJ ,Dark Stars Elite Soccer, LLC and AP2T from any liability or claim that I, my son, my heirs, or any personal representatives may have against the camp/owner/employees/volunteers with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from SJ ,Dark Stars Elite Soccer, LLC and AP2T. This liability waiver and release extends to the company together with all owners, partners, and employees.

X _____
Parent/ Guardian Signature

Date:: _____ / _____ / _____

*Photo Release: I agree that photos taken of my child at Dark Stars Elite Soccer, LLC Camp may be displayed on future websites, brochures, & flyers.

Yes _____ No _____ (Parent/Guardian Initials _____)