

GEAR Soccer

GEAR Fall Soccer is open to youth in the River Ridge school district who are currently in grades K thru 5th. Practices and games will be Sunday afternoons in September and October. We try to always be at the Hanover Park District field, but if it rains, we can practice inside the gym at the Elizabeth Municipal Building. Kids will need to get their own shin guards if they don't have a pair already. Soccer shoes (or tennis shoes) are fine for outdoors, but clean gym shoes will be required for any gym practices.

Cost of registration is \$15 per child. Money is due with registration forms, and checks can be made payable to GEAR. Please return forms and money together in an envelope to River Ridge, ATTN: Mr. Knauer, Soccer. **Registration deadline is August 29th**. Late registrations will not be guaranteed a spot on the team. If you have questions, or if you would like to volunteer to be a coach or ref, contact Erin Keyser at 815-990-5374, or via email at erinkeyserhorn@gmail.com. All coaches will need to be approved by the GEAR Board via background checks.

Tentative schedule (subject to change):

Sunday afternoons at Hanover soccer fields

K-2nd: 2:00 to 3:00 PM

3rd-5th: 3:00 to 4:00 PM

Practices: September 11, 18, 25

Games: October 2, 16, 23

Please note: No game on October 9. October 30 might be used for a make-up game.

G.E.A.R.

GREATER ELIZABETH ARTS AND RECREATION

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING IN CONSIDERATION OF _____, my minor child/ward, being allowed to participate in any way in the GEAR Soccer program, related events and G.E.A.R. activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child for the activities involved in these programs is significant, including the potential for permanent, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and,
2. FOR MYSELF, SPOUSE, AND CHILD, I 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 child's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertiser, and if applicable, owners and lesser of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child and on behalf of my/ours heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasers from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

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.

X _____ Date Signed: _____

(PARENT/GUARDIAN SIGNATURE)(PRINT NAME)

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in the program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____ Date Signed: _____

(PARTICIPANT SIGNATURE)(PRINT NAME)

G.E.A.R.

GREATER ELIZABETH ARTS AND RECREATION

EMERGENCY INFORMATION & CONSENT

(ONE FOR EACH ATHLETE)

Athlete's Name: _____ DOB _____ Age: _____ Grade: _____ Shirt size _____

Father's Name: _____

Address: _____

Phone: _____

Email: _____

Mother's Name: _____

Address: _____

Phone: _____

Email: _____

Family Medical/Insurance:

Carrier: _____

Group: _____

Policy# _____ Group# _____

ID# _____

Family Physician

Name: _____

Address: _____

Phone: _____

Alt.# _____

Allergies(list) _____

Serious Medical Condition _____

I/we hereby grant consent to any and all health care providers designated by G.E.A.R. to provide my child, _____, any necessary medical care as a result of any injury/illness. This consent includes, First Aid and transportation to/from health care providers.

IMAGE RELEASE

In consideration of _____, my minor child/ward being allowed to participate in any way in the G.E.A.R. Program, related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.

X _____

(Parent/Guardian Signature)(Print Name) (Date)



**WAIVER, RELEASE OF ALL CLAIMS
AND HOLD HARMLESS AGREEMENT FOR
HANOVER TOWNSHIP PARK DISTRICT**

Participant's Name (Print): _____

Date of Birth: ___/___/___/

Address: _____

Phone: _____ Cell Phone: _____

Emergency Contact Phone Number: _____

Family Physician: _____ Phone: _____

Insurance Company Information: _____

Please read this form carefully and be aware that, in signing up and participating in the 2016 GEAR FALL SOCCER PROGRAM ("PROGRAM") being held Hanover Township Park District ("HTPD"), you will be waiving and releasing all claims for injuries, arising out of this PROGRAM that you or the above participant might sustain at the HTPD. The terms, "I," "me," and "my" also refer to parents or guardians as well as the participants in the PROGRAM. In registering for the PROGRAM that is being held at HTPD, you are agreeing as follows: As a participant in the PROGRAM, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such PROGRAM. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in the PROGRAM against the HTPD, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the PROGRAM.

(The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.) I do hereby fully release and discharge the HTPD, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of the PROGRAM. I further understand and agree that the terms such as "participation," "PROGRAM" and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the PROGRAM, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in the PROGRAM. I understand the nature of the PROGRAM for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this PROGRAM that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

PARTICIPANT'S SIGNATURE (If Participant is 18 years or older):

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER: This is to certify that as a Parent or Legal Guardian of the participant, I consent to his/her waiver and release as set forth above. I realize participation in this PROGRAM is voluntary.

Parent/Guardian Name (Print): _____ Relationship: _____

Parent/Guardian Signature: _____ Date Signed: _____