

Soccer Clinic Application

Spring 2024

Penn Valley Union Elementary School District is excited to offer soccer clinics free of charge. Please note that weekly attendance is expected. Space is limited, please only apply if committed to attending the full clinic. Students should arrive with full water bottles, ready to be active, with closed-toed athletic shoes. Students may only attend the clinic at their campus of enrollment and during their appropriate age session. Practices begin immediately after school. Students enrolled in ASES at Ready Springs must sign in prior to going to practice. Attendance at practice will be recorded, but no parent contact shall be made if an expected student is absent.

Student Name: _____ School of Attendance: _____ Grade: _____

Known allergies and/or medical conditions: _____

Parent/Guardian Name: _____

Email: _____ Phone #: _____

Emergency Contact Name: _____ Relationship: _____ Cell Phone #: _____

I _____, give my student _____

permission to attend the Penn Valley Schools Soccer Clinic from April 15th, 2024, through May 24th, 2024. I understand that:

- Students must be picked up promptly at the end of practice or enrolled in after-school care, and my student may be excluded from future after-school activities if not picked up on time.
- Soccer equipment is provided, but personal gear is not.
- My student must wear closed-toed athletic shoes to participate, and athletic clothes and water are highly recommended. Slip-on shoes, Crocs, and sandals are not allowed and will result in the student sitting out that practice.

Parent/Guardian Signature

Date

Collegiate Skills After School Soccer

Parent/Guardian Form

Child's Information:

- Child's Name: _____
- Grade: _____

Parent/Guardian Information:

- Parent/Guardian Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information:

In case of an emergency, please provide contact information for someone we can reach.

- Name: _____
- Relationship to Child: _____
- Phone Number: _____

Consent and Acknowledgment:

I, _____, give consent for my child _____, to participate in the after-school soccer program conducted by Collegiate Skills. I understand and acknowledge that my child's participation in any sport involves inherent risks, including but not limited to physical injury. I agree to release Collegiate Skills, its staff, volunteers, and affiliates from any liability arising from participation in the program.

Parent/Guardian Signature: _____ Date: _____

Thank you

PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT

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Melissa Conley - Superintendent

RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT

FOR SCHOOL ACTIVITIES:

PVUESD

(School District/School)

(Name of Activity)

(Name of School Site)

(Name of Student)

I/We, the undersigned, understand and acknowledge that my son/daughter the above-named student, has voluntarily chosen to participate in the above-named school district-related activity(ies) at his/her own risk. I/We know and fully understand that said school-related activity(ies) may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, and where participants can sustain physical injuries, damage to their property, or even die. Regardless of whether the school related activity(ies) involves physical contact or not, any activity(ies) may have inherent risks of injury which are inseparable from the activity. I/We acknowledge and willingly assume all risks and hazards known and unknown, of potential injury, paralysis, and death in the school related activity(ies).

I/We, the undersigned, understand and acknowledge that school-related activity(ies) contain potential risks of harm or injury. Injuries might arise from the student's actions or inactions, the actions or inactions of another student or participant, or the actual or alleged failure by the district employees, agents, or volunteers to adequately coach, train, instruct, or supervise. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries, whether or not caused by the student's participation. All such risks are deemed to be inherent to the student's participation in school related activities.

In consideration for School District, allowing the above-named student to participate in the school-related activity(ies) specified above, I/We voluntarily agree to release, waive, discharge, indemnify, and hold harmless the School District and its trustees, officers, employees, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the above-named student illness, injury, death or damages of any nature in any way connected with the student's participation in the school-related activity(ies). I/We also expressly agree to release and discharge School District, its trustees, officers, employees, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in the school-related activity(ies) designated above and I sign

the release on his/her behalf. In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies, or his/her property is damaged, I am giving up my right, the right of my son/daughter, and the right of his/her heirs to make a claim or file a lawsuit against the School District, its trustees, officers, employees, and agents or expect them to be responsible to pay for any damages.

In consideration for School District allowing the above-named student to participate in the school-related activity(ies) specified above, and/or transportation services, I/We, on behalf of myself, and/or, if applicable, my student(s)/child(ren), hereby release, covenant not to sue, discharge, and hold harmless the School District, and any officials, employees, volunteers, and/or representatives thereof (“Releasees”), of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence, or other conduct of School District, its officials, employees, volunteers, agents and/or representatives.

By signing below, I/we acknowledge that I/we: (1) have read this document and understand that I/we give up substantial actual or potential rights in order to allow the above-named student to participate in the school-related activity(ies) and any associated field trip or excursion; (2) have voluntarily signed as evidence of acceptance of this Agreement without any inducement or assurance of any nature, with full appreciation of all risks inherent in the school-related activity(ies); (3) have no question regarding the scope or intent of this Agreement and I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement. This is a release of all claims.

Participant’s Name (Printed)

Signature

Date

Parent/Guardian Name (Printed)

Signature

Date

