



Sports Program @ Soille Hebrew Day

Announcing the Fall 2018/19 Season
Boys & Girls Grades 5 - 8
Boys Football & Girls Volleyball



Cost: \$120

(Cost includes coaching, league fees & use of uniform*)



Please fill out form below and return to the school office with a check attached made out to SSDHDS. Fees made also be made at: <https://squareup.com/store/SSDHDS>

*Included in the fee is uniform rental. At the end of the season, uniforms must be turned in good, clean condition. Lost or damaged uniforms will require an extra \$40 fee.

Circle which Sport for the 2017/18 Fall Season: Boys Football Girls Volleyball

Sport Participant Name: _____ Grade: _____ Date of Birth: _____

Parent's Name: _____ Cell Phone #: _____

Email Address: _____ Request Financial Assistance: YES NO

Emergency Contact & Number: _____

Accident Waiver and Release of Liability

I _____ (parent/guardian) of the SPORT PARTICIPANT, HEREBY ASSUME ALL RISKS OF THE SPORT PARTICIPANT'S INVOLVEMENT IN THIS ACTIVITY. I CERTIFY THAT THE SPORT PARTICIPANT is physically fit and has not been advised otherwise by a qualified medical person. I acknowledge this AWRL form will be used by the Soille San Diego Hebrew Day School and the activity organizers, in which the SPORT PARTICIPANT may participate and that it will govern the SPORT PARTICIPANT'S ACTIONS AND RESPONSIBILITIES AT SAID ACTIVITY. IN CONSIDERATION OF THE SPORT PARTICIPANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY the Soille San Diego Hebrew Day School and its directors, officers, employees, volunteers, representatives and agents, for the death, injury or property loss or damage of the SPORT PARTICIPANT or actions of any kind which may accrue to me as a result of SPORT PARTICIPANT's participation in this activity; and (B) agree to IDEMNIFY AND HOLD HARMLESS the above mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of the SPORT PARTICIPANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of the Soille San Diego Hebrew Day School or its agents. I hereby consent to the administering of medical treatment to the SPORT PARTICIPANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, the SPORT PARTICIPANT may be photographed. I agree to allow the SPORT PARTICIPANT's photo, video or film likeness to be used for any legitimate purpose by SSDHDS. This AWRL shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

SPORT PARTICIPANT's Parent or Guardian's Signature: _____ Date _____