



PERFORMANCE GOALKEEPING

GOALKEEPING SIMPLIFIED

NAME OF GOALKEEPER _____

NAME OF PARENT _____

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that there is a risk in participating in any sport, including Performance Goalkeeping Course, a risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the PGK Course coaches as soon as the problem begins.
2. By signing below, I certify the following:
 - That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in PGK Course.
 - That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in a PGK Course.
 - That my child has no history of fainting or other problems related to strenuous exercise.
 - That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____

Date _____

CONSENTS:

1. By my signature below, I hereby give permission for the Performance Goalkeeping and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her time at camp.
2. By my signature below, I hereby give consent to have my child be photographed or videoed during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by Performance Goalkeeping LLC.

Parent/Guardian Signature _____

Date _____

RELEASE:

1. I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that maybe sustained by my child as a result of his or her participation at Performance Goalkeeping. I also certify that I have health insurance that provides adequate coverage for injuries or illness my child may sustain while participating at Performance Goalkeeping LLC.
2. By my signature below, I also agree to release and promise not to sue Performance Goalkeeping LLC, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in the Performance Goalkeeping Course.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____