

Contact Information

Last Name: _____ First Name: _____

Birth date: ____/____/____

Gender: M / F

Address: _____ City: _____ State: _____

Phone: () _____ Email: _____

Emergency Contact: _____ Emergency Phone: () _____

Medical Risks (including allergies and asthma): _____

Events Interested in Training for: _____

Send Payment and Registration to: Developmental Elite Coaching
Make Checks Payable to DEC 1121 Military Cutoff Rd #353 Suite C
Wilmington, NC 28405



Release of Liability/Assumption of Risk

I intend to participate (or allow my child to participate) in a Developmental Elite Coaching (“DEC”) training program. I recognize that track is a dangerous sport involving physical exertion and that the risk of serious physical injury (even death) is inherent to the sport. I attest that I (or my child) am physically fit to participate in an active, strenuous, physically demanding athletic program. I know of no physical or mental impairment that would in any way limit or restrict my (or my child’s) participation in a DEC training program. I am aware of and voluntarily assume all risks – regardless of their cause – to myself (or my child), including, but not limited to, accidental injury or injury caused by the negligence of others (including death), arising from my (or my child’s) participation in a DEC training program, including participation in the sport of track and field. I (or my child) agree to follow all rules explained to me by the DEC staff. I (or my child) understand that it is not the responsibility of DEC or its representatives, agents or employees to serve as guardians of my (or my child’s) safety. I (or my child) will not hold DEC or any of its representatives, employees, or agents liable for damages for any injuries that I (or my child) might sustain while participating DEC’s training programs and league activities sponsored by DEC. I hereby release and forever hold harmless DEC and all of its representatives, employees or agents from any liability, claims, damages, or loss of any kind arising from or in any way relating to my (or my child’s) participation in DEC’s training or soccer programs. My signature below indicates that I have read and fully understand all terms of this Release of Liability and Assumption of Risk, that I am signing this Release of Liability and Assumption of Risk voluntarily and not under duress, and that my execution of this Release of Liability and Assumption of Risk binds me and my heirs and personal representatives.

Player Name: _____

Player Signature: _____ Date: _____

Parent Name (if athlete under 18): _____

Parent Signature: _____ Date: _____