

Hat Trick **4** Haiti



Saturday June 3, 2017
Ripp Park - Waunakee



Get some exercise in a fun new way & support Haiti

Partner Soccer Clinic

3pm to 5 pm

\$35/participant or \$50 if you register as a pair
includes 2 hr. clinic & soccer ball
Ages 5 to adult

Clinic Coached by Bowen Best
Email complete registration form to:
hatrick4haiti@gmail.com

Fun for the
whole family!

Live Haitian Music by
Mona Augustin!
7 PM

Post Clinic Party to Follow!

Lucky's Bar & Grill - Waunakee
6 pm to 10 pm

Raise funds & awareness in Villaj Mozayik, Haiti for:

- 1 Building Community
- 2 Promoting Health
- 3 Fostering Playtime

What to Bring:

Water Bottle
Shin Guards (*optional*)
Tennis Shoes

Also accepting donations for:

Medical Supplies such as Band-Aids, antibiotic cream, tooth brushes, toothpaste, hand sanitizer, OTC pain relievers, ACE bandages, and more!

FIRST & LAST NAME: _____ AGE: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT INFO:

NAME: _____ PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____

PARTNER FIRST & LAST NAME (OPTIONAL): _____ AGE: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT INFO:

NAME: _____ PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____

Registration due by May 24

Registration forms can be emailed to hattrick4haiti@gmail.com or mailed with payment to
MOZAYIK Attn: Hat Trick 4 Haiti 1934 Melrose St. Madison, WI 53704

Make checks payable to: MOZAYIK with Hat Trick 4 Haiti in the memo! All donations are tax deductible

Checks will not be cashed until the clinic has enough participants – we will contact you if we don't have enough participants

Release of Liability

The undersigned, parent or legal guardian of the above player/participant recognizes that soccer and its related activities are vigorous activities and that the Participant may suffer temporary or permanent serious physical injuries including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing or by use of instructional equipment. The undersigned, parent or legal guardian of the Participant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer and its related activities including, but not limited to, head injuries suffered by players impacting each other, goalposts or the ground; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches. With the full knowledge of the above referenced risks and in consideration of Bowen Best accepting the Participant in its soccer program and pursuant to the recreational assumption of the risk statute, sec. 895.525 Wis. Stats., the participant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and hereby release, discharge, and/or otherwise indemnify Bowen Best and its respective coaches and any of the facilities utilized for soccer and its related activities as to any claims and causes of action based on allegations of negligence by or on behalf of the Participant and his or her parents or legal guardians.

I hereby represent/declare that the Participant is fit and healthy to participate in the rigors of soccer and its related activities.

Parent/Guardian/Adult Signature

Date