

Real Salt Lake and Rio Tinto invite all children 5-17 to participate in a FREE soccer clinic this summer. All clinics are from 5:30 – 7:30 pm and are conducted by Real Salt Lake coaching staff with appearances by Real Salt Lake players. This free clinic is courtesy of Rio Tinto. Please fax registration forms into Rachel King @ (801) 727-1469.

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Clinic Date:										
Player's Information										
First name										
Last Name										
DOB	/	/	Gender	М	F	Position				
Parent/Guardian's Information										
Parent's Name										
Address										
City			State				Zip code			
Emergency Number			Email							
allow my child to participate in the Soccer Clinic. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during the clinic and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license										

I allow my child to participate in the Soccer Clinic. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during the clinic and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the clinic. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at the clinic. I certify that there are no physical limits to my child's participation in the clinic. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Utah Soccer LLC and all affiliated entities from any and all liability, claims demands, and causes of action for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation in the clinic. I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all its terms.

Parent/Guardian's Signature	Date
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