

# Heights United Soccer Academy Participation Agreement

**Please bring this form on your first day.**

This agreement between **Heights United Soccer Academy (HUSA)** and  
(parent/guardian's name) \_\_\_\_\_, for  
(athlete's name) \_\_\_\_\_, is entered on  
(date) \_\_\_\_\_ for the purpose of providing a clear  
management of the camp; a complete and harmonious season for parents, coaches,  
competitors, and staff.

All fees should be paid in advance at heightsunitedsoccer.com or on the first day of the session.  
Completed registration, medical release, liability forms and HUSA Code of Conduct forms **must**  
be in the possession of the director on the first day.

**IN RECOGNITION OF THE ABOVE, I (WE) HEREBY AGREE:**

1. To pay all fees assessed for my child
2. To make certain that my child abides by all of **Heights United Soccer Academy** rules now or thereafter established. See and sign "*Code of Conduct*" on next page.
3. To abide by the spirit and the letter of this agreement, understanding that it is drawn and executed for the welfare of the camp and each young person involved; and further, **understanding that the failure of any one individual to live up to this agreement can cause removal from the camp.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_ Date \_\_\_\_\_  
(Athlete signature)

## ***Heights United Soccer Academy Liability/Medical Release***

To **Heights United Soccer Academy (HUSA)**, its coaches and staff; I represent that I am the parent or legal guardian of \_\_\_\_\_ (athlete), and that all registration forms have been completed. By my signature below, I hereby give my consent for the above named child to participate in all camp activities brought forth by HUSA. Should I decide to withdraw my child from any activity, I shall do so by submitting it in writing and delivering notification to the director.

Further, in consideration of my child being accepted in HUSA, I hereby indemnify and hold harmless the HUSA, its coaches, and staff against any and all rights and claims which I have or which may arise in conjunction with my child's participation in any and all activities conducted by the HUSA.

Additionally, in consideration for acceptance of my entry into the HUSA, I intend to be legally bound, do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge all rights and claims for damage/injury which may hereafter accrue to my athlete mentioned above, against the HUSA, coaches, staff, and operators of facilities used by the HUSA.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

In the event the need for emergency medical treatment arises and reasonable attempts to contact me at the provided numbers have been unsuccessful, by my signature below I hereby give consent for the administration of any emergency medical treatment.

Preferred doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

If the preferred doctor is not available I give my consent for the administration of emergency medical treatment by an emergency medical team, licensed physician or hospital chosen by HUSA staff.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed below. I represent that the list below is current and accurate and includes all allergies. **The undersigned further represents that the above named child is physically fit and physical impairments that will in any way affect the child's participation have been brought to the attention of the HUSA in writing.**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone: \_\_\_\_\_

List allergies, medications, and other pertinent health information:

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Is there anything else of importance that the HUSA Staff needs to be aware of?

## ***Heights United Soccer Academy Registration Form***

Athlete's

Name \_\_\_\_\_

Athlete's

Address \_\_\_\_\_

City, state,

zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_

Grade Completed \_\_\_\_\_

Parent's/Guardian's Name

\_\_\_\_\_

Primary phone \_\_\_\_\_

Secondary phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

***Emergency Contact Information***

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Primary phone \_\_\_\_\_

Secondary phone \_\_\_\_\_

***Adults authorized for pick-up***

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

## Heights United Code of Conduct

Purpose: To provide a safe, nurturing, accepting and encouraging environment for everyone.

**Parents, please carefully read and review the Heights United Code of Conduct with your child.** The purpose of this document is for parents, campers and HUSA Staff to have a clear understanding of the expectations during our Summer Season. By signing this document you acknowledge full understanding. If you have any questions, please reach out to the Directors.

- Campers (and parents) check in with Directors each morning and check out with the Directors as you leave. There will be sign in/out sheets ready as you enter the camp location. Parents please make certain that if someone other than you is picking up your child/children, their names are listed on the “Authorized Pick Up Sheet”. Thank you.

- Upon arrival, campers should walk up to their counselor at their designated area and let them know they have arrived. After they check in they may go to free play areas in the gym/field house until morning classes/training begins.

- “See Something, Say Something.” If at any time a camper sees or hears something that requires an adult, please tell your counselor and/or Director. We will deal with it immediately.

- “Buddy Checks” (safety check-ins) will be conducted at random at least 8 times a day (even more on swim days). When you hear the call for “Buddy Check,” you should stop whatever you are doing and go to your counselor. This is an extremely important routine to practice.

- **Under no circumstances will there be bullying, fighting or disrespect during camp.** This policy is taken very seriously **and if it is not followed, removal from the camp is a possibility.** HUSA is fully committed to providing a safe environment for all. **If you have any questions, please reach out to the Directors.**

- **Please do not bring anything that could be considered a weapon to camp. This could result in the immediate dismissal of a camper.** Remember, if you “See Something, Say Something”

- Phones and electronic devices are discouraged for campers. **HUSA cannot accept responsibility for loss or damage.** In the event that a camper brings a phone, there will be designated time for them to be on their phones. The purpose of the camp is to interact with our amazing campers and staff, we want to minimize screen time.
- Share your talents! If you have a special talent (art, sports, music, STEM, etc), tell the Directors and we will help set up an opportunity to share your talent with others. By working together we become stronger.
- Remember that all HUSA Staff are here to help and support you. If you need assistance at any time, please reach out to a staff member and we will make it a priority to meet your needs.

**By signing below, I acknowledge that ALL of the Heights United Code of Conduct has been read, explained to my child/children and as a guardian I fully understand that any deviation from the code of conduct can and/or will result in the removal from summer camp. A refund of prorated fees from the immediate date after the removal will be honored.**

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**Camper signature and date**

**Legal Acknowledge by parent or guardian signed below for HUSA Summer 2024**

*"I acknowledge that I have read the Heights United Code of Conduct with my child/children and I fully understand and agree to the terms."*

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**Parent/guardian signature and date**