



BRAZIL TRIP REGISTRATION FORM

July 20, 2008 – August 2, 2008

1. PLAYER INFORMATION

Player Name: _____

Birth Date: _____ Age Group: _____

Address: _____

Phone: _____ Email: _____

Health Insurance Co: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

Mother/Guardian Name: _____ Phone #: _____

Address (if different): _____

Mother/Guardian E-mail: _____

Father/Guardian Name: _____ Phone #: _____

Address (if different): _____

Father/Guardian E-mail: _____

Please list any and all known health conditions or problems: _____

Describe player's soccer experience: _____

2. REFUND POLICY

If you cancel your registration within 30 days of the departure date, there can be no refund of any amount of your fee. If you cancel your registration more than 30 days from the departure date, you will be refunded one-half of the registration fee.

Mani Santos Brazilian Soccer, Inc. recommends that all registrants obtain travel insurance on their own for this trip to cover any of a number of unanticipated losses that can occur in connection with any international travel, including (but not limited to): Loss of money due to supplier default/bankruptcy; unexpected trip cancellation/interruption due to accident, illness or death; medical expenses and emergency transportation costs. I understand that Mani Santos and Mani Santos Brazilian Soccer, Inc. assume no liability for unexpected travel costs and I KNOWINGLY ASSUME ALL SUCH RISKS.

3. WAIVER OF LIABILITY

I understand and appreciate that there is a risk of serious injury from soccer, including the potential for permanent injury, and while particular rules of play and conduct, equipment and personal discipline may reduce this risk, the risk of serious injury nonetheless does exist. By my child's participation in this activity, and by my signature below, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown.

For and in consideration of the participant's registration, and being allowed to participate in this activity, participant and, if minor, participant's parent(s) or legal guardian(s), waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury to the participant, or to parents or anyone who accompanies the participant, as well as property damage, arising out of their participation in the Brazil trip and all related activities, including the sport of soccer and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant, and/or participant's parent(s) or legal guardian(s), may have against Mani Santos and/or Mani Santos Brazilian Soccer, Inc. are hereby waived and released.

Participant and participant's parent(s)/guardian(s), acknowledge that they have been provided and have read the above paragraphs and have not relied upon any other representations by any other persons, that they have been fully advised of the potential dangers of soccer and international travel, and understand these waivers and releases are necessary to allow this youth soccer experience to exist in its present form.

I hereby give consent for Mani Santos and any person working at his direction or employ to provide participating child with emergency medical care as warranted and associated with participation on a team during sanctioned events, and to provide housing, meals and transportation of its choice during the Brazil Trip. It is the responsibility of the participant's parent(s)/guardian(s) to notify Mani Santos Brazilian Soccer, Inc., of any

medical condition that exists that may restrict or effect participant's participation in soccer or the Brazil Trip.

My signature here indicates that I have read, understand, and agree to the waiver of liability, release and indemnity provisions stated above:

Mother/Guardian Signature

Date

Father/Guardian Signature

Date