PRO SKILLS TESTING & DEVELOPMENT

Powered by Pro Athlete Metrics

ATHLETE DEVELOPMENT AGREEMENT & LIABILITY WAIVER

This document is the official Athlete Development Agreement, Registration Form, Program Participation Agreement, Liability Waiver, Risk Acknowledgment, Medical Authorization, Parent and Athlete Code of Conduct, Intellectual Property Protection Agreement, Media Consent Agreement, Pro Athlete Metrics Data & Profile Consent, Facility Use Agreement, Monthly Program Terms, and Payment & Refund Policy for participation in Pro Skills Testing & Development programs powered by Pro Athlete Metrics.

Participation in any Pro Skills Testing & Development program requires the parent or legal guardian to read, understand, and agree to every section contained within this document. This agreement is valid for one (1) year from the date of signature and must be renewed annually for continued participation.

ATHLETE REGISTRATION INFORMATION	
Athlete Name	
Date of Birth	
Age	
Gender	○ Boys ○ Girls
Current Club / Rec Team	
Primary Position	○ Goalkeeper ○ Defender ○ Midfielder ○ Forward
Current Academy (Optional)	
Parent / Guardian Name	
Phone Number	
Email Address	
Secondary Parent / Guardian (Optional)	
Emergency Contact	_

Emergency Phone	
Allergies / Medication	
Shirt Size (Adult or Youth)	
Program Registration	○ Grassroot: (4-7) ○ Development (8–11) ○ High Performance (12–19)
Skill Level	○ Beginner ○ Intermediate ○ Advanced ○ Elite

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1. ABOUT PRO SKILLS TESTING & DEVELOPMENT

Pro Skills Testing & Development is a professional athlete development program — not a club, academy, or recreational team. The program is committed to serious, athlete-centered development and maintains high standards of professionalism. The focus is on individual athlete growth and skill development within a structured professional training environment.

Parents and guardians acknowledge that Pro Skills Testing & Development reserves the right to request that disruptive athletes or athletes not complying with program guidelines sit out sessions or be removed from the development program. All participants and families are expected to maintain professionalism and respect.

2. P.A.M PROGRAM STRUCTURE & PRO ATHLETE METRICS INTEGRATION

Athletes enrolled in Pro Skills Testing & Development powered by Pro Athlete Metrics participate in a structured development model that may include technical development training, multidirectional movement development, professional coaching sessions, scientific performance testing, and athlete performance reporting.

Performance testing is scheduled approximately every 8–10 weeks. Testing is intended to establish a baseline, identify strengths and areas for improvement, and support long-term athlete development over time. Athletes are evaluated against their own prior performance rather than compared to other players.

- Pro Skills technical development training
- Multidirectional movement and athletic development
- Professional coaching sessions
- Scientific performance testing every 8–10 weeks
- Athlete performance data processing and reporting

3. ATHLETE PROFILE, HEADSHOT & DATA CONSENT

As part of the Pro Athlete Metrics system, athletes may have an individual profile created that includes identification details, performance data, testing results, and longitudinal development

information.

Parents/guardians authorize Pro Skills Testing & Development and Pro Athlete Metrics to capture athlete headshots for internal athlete identification, athlete profile creation, testing records, and performance reporting purposes.

Parents/guardians acknowledge that athlete performance data may be collected, stored, processed, and used for long-term tracking, performance reporting, coaching support, and development purposes.
Parents/guardians remain responsible for maintaining accurate athlete profile information.

Parent/Guardian Initials: ____

4. TESTING REGISTRATION & PLATFORM RESPONSIBILITIES

Parents/guardians are responsible for creating and maintaining the athlete's profile in the Pro Athlete Metrics system and for booking testing sessions directly through that platform.

Testing sessions cannot be booked by Pro Skills staff on behalf of athletes because each athlete profile is controlled individually by the parent/guardian within the Pro Athlete Metrics platform.

Platform subscriptions, data access, and related platform services may be administered separately through Pro Athlete Metrics. Platform pricing and service structure are subject to change.

Parent/Guardian Initials: ____

5. ASSUMPTION OF RISK — SOCCER IS A CONTACT SPORT

I, the undersigned participant (or legal guardian if participant is under 18), acknowledge that participation in Pro Skills Testing & Development training sessions involves inherent risks. Soccer is a contact sport, and training activities cannot eliminate all risk without fundamentally changing the nature of the activity.

I voluntarily accept and assume all risks associated with participation in Pro Skills Testing & Development and any related activities, including sessions, camps, clinics, training events, testing events, showcases, evaluations, and competitions.

- Physical exertion leading to injury (sprains, fractures, concussions, muscle strains, ligament damage, torn meniscus)
- Contact with other participants, trainers, coaches, or equipment
- Risks associated with outdoor and indoor training environments
- Weather-related hazards (heat, cold, rain, sun exposure)
- Heat exhaustion, dehydration, heat stroke, or other environmental conditions
- Potential for unforeseen medical conditions arising from physical exertion
- Cardiovascular events or acute medical emergencies during or after training
- Head injuries, including but not limited to concussions and traumatic brain injury
- Chronic injuries resulting from repetitive training activities

- Allergic reactions or complications from pre-existing medical conditions
- Respiratory issues or asthma-related complications
- Diabetes-related complications or blood sugar emergencies
- Seizure activity or neurological complications
- Psychological or emotional injury

Parent/Guardian Initials: ____

6. HEALTH AND FITNESS DECLARATION

I confirm that I am (or my child is) in good health and physically capable of participating in soccer training. I do not have any conditions that would prevent safe participation.

I understand that it is my responsibility to consult a physician before engaging in physical activity if there are any medical concerns. I confirm that I have disclosed all relevant medical conditions, allergies, medications, pre-existing injuries, and health concerns to Pro Skills Testing & Development

Parent/Guardian Initials: ____

7. WAIVER AND RELEASE OF LIABILITY

In consideration for being allowed to participate in private soccer training sessions and related activities provided by Pro Skills Testing & Development, I hereby release, waive, and hold harmless Pro Skills Testing & Development, Pro Athlete Metrics, their owners, operators, coaches, trainers, staff, agents, employees, volunteers, facility operators, and representatives from any and all liability for injuries, damages, or losses arising from participation.

- Personal injury or illness during or after training sessions
- Emotional, psychological, or mental distress
- Property damage or loss of personal belongings
- Any claims resulting from negligence (to the fullest extent permitted by law)
- Any unforeseen or unanticipated injuries or conditions

This release extends to all future training sessions, programs, and activities at PPro Skills Testing & Development for the duration of one (1) year from the date of signature.

Parent/Guardian Initials: ____

8. LIMITATION OF LIABILITY

To the fullest extent permitted by law, Pro Skills Testing & Development and Pro Athlete Metrics shall not be liable for any indirect, incidental, special, consequential, exemplary, or punitive damages arising from participation in any program, session, testing event, or related activity.

If liability is imposed despite this waiver, the maximum aggregate liability of Pro Skills Testing & Development and Pro Athlete Metrics shall not exceed the total amount actually paid by the participant for the specific program at issue.

Parent/Guardian Initials: ____

9. INDEMNIFICATION

I agree to indemnify and hold harmless Pro Skills Testing & Development, Pro Athlete Metrics, their owners, operators, coaches, trainers, staff, and representatives from any claims, actions, damages, liabilities, or expenses (including legal fees) arising from participation in training sessions or related activities, including claims by third parties.

I assume all financial and legal responsibility for any incidents, claims, or injuries occurring during participation to the fullest extent permitted by law.

Parent/Guardian Initials: ____

10. FACILITY DAMAGE AND PROPERTY RESPONSIBILITY

Parent/Guardian and athlete acknowledge that athletes are responsible for damages to Pro Skills facilities, rented facilities, equipment, or property caused by willful misconduct, negligence, or reckless behavior.

- Property damage
- Equipment breakage
- Facility damage
- Any intentional destruction

Parents/Guardians agree to reimburse Pro Skills Testing & Development for any repairs, replacement, or restoration costs resulting from damage caused by the registered athlete. Normal wear and tear is excluded from this clause. Pro Skills reserves the right to invoice for damages and may suspend participation until
damages are paid.

Parent/Guardian Initials: ____

11. EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I authorize Pro Skills Testing & Development coaches and staff to provide or arrange for emergency medical treatment if necessary.

I understand that I am responsible for all medical expenses, emergency services, ambulance fees, hospital charges, physician fees, and any other medical costs incurred as a result of participation.

Pro Skills Testing & Development and Pro Athlete Metrics are not liable for medical costs.

Parent/Guardian Initials: ____

12. TECHNOLOGY AND INTELLECTUAL PROPERTY PROTECTION

Participants and parents/guardians acknowledge that Pro Skills Testing & Development uses proprietary training methods, coaching techniques, program designs, drills, tactical strategies, program structures, athlete development systems, and technology in its development sessions.

Participants agree not to record, photograph, video, reproduce, copy, distribute, publish, transmit, or share any Pro Skills training methodologies, drills, game plans, testing procedures, program content, or coaching strategies without explicit written permission from Pro Skills Testing & Development and, where applicable, Pro Athlete Metrics.

This intellectual property protection applies for a period of seven (7) years following the participant's last session with Pro Skills Testing & Developmentt. Unauthorized use, copying, or distribution may result in legal action and claims for damages.

Parent/Guardian Initials: ____

13. BEHAVIORAL EXPECTATIONS AND CONDUCT STANDARDS

Pro Skills Testing & Development maintains high standards of professionalism and conduct. Athletes are expected to be respectful, focused, disciplined, and engaged during all training sessions.

- Disruptive behavior
- Disrespect toward coaches or staff
- Refusal to follow instructions
- Repeated violations of conduct standards

may result in temporary suspension from one or more sessions, removal from the current program, referral back to recreational or club programs, or loss of enrollment privileges. Pro Skills reserves the right to determine what constitutes disruptive behavior and to enforce these standards to maintain a professional development environment.

Parent/Guardian Initials: ____

14. PARENT / GUARDIAN CODE OF CONDUCT

Parents and guardians are welcome to observe and support development sessions. However, parents and guardians must refrain from coaching, instructing, criticizing, or providing tactical direction to their child during sessions.
Young athletes learn best through making mistakes and receiving instruction from qualified Pro Skills coaches. Sideline coaching interrupts the learning process, prevents athletes from experiencing mistakes as learning opportunities, undermines coach authority, confuses athletes with conflicting instruction, and reduces athlete confidence and independent decision-making.

Parents/guardians may not become verbally aggressive, angry, hostile, or disruptive if an athlete makes a mistake, receives correction, is disciplined, or is temporarily removed from a drill or session. Pro Skills Testing & Development is committed to creating a professional, comfortable, and confident environment for all young athletes, and parent conduct must support that environment.

Parent/Guardian Initials: ____

15. PROFESSIONAL TRAINING ENVIRONMENT

Pro Skills Testing & Development operates within a structured professional environment designed to prepare athletes for high-performance expectations and disciplined training standards.

Athletes are expected to arrive 20 minutes prior to scheduled sessions so they are physically and mentally prepared before entering the field or facility. Late arrival may result in delayed participation, reduced training time, or consequences determined by coaching staff.

Parents/guardians acknowledge that this program is not a casual drop-in activity. Participation requires professionalism, punctuality, respect, and compliance with the structure of the training environment.

Parent/Guardian Initials: ____

16. MEDIA, PHOTOGRAPHY, FILMING, AND ATHLETE IMAGE CONSENT

Pro Skills Testing & Development may take headshots, photographs, or videos of athletes for athlete identification, internal athlete profiles, athlete development records, website use, social media promotion, podcast or feature content, and program materials, subject to the selections below.

No filming, photography, or recording of any training session, drill, testing session, or coaching instruction by parents, athletes, or third parties is permitted without written permission from both Pro Skills Testing & Development and Pro Athlete Metrics.

- ■ I give permission for my athlete's photos/videos to be used for social media, website, and program promotion.
- ■ I give permission for my athlete's image/name to be used for podcast or featured content with player identification.

- ■ I do NOT give permission for my athlete's image, photo, or video to be used publicly.

Parent/Guardian Initials: ____

17. ADDITIONAL ACKNOWLEDGMENTS

By signing this document, I also acknowledge and agree to the following:

■ I consent to my child's name appearing on team rosters and the Pro Skills Testing & Development website, unless otherwise prohibited by a selected media option.

■ I accept that Pro Skills will send program updates, scheduling information, and important announcements to the email provided.

■ I acknowledge that Pro Skills is a professional development program and understand the expectations for athlete and parent conduct.

Parent/Guardian Initials: ____

18. PROGRAM FEES, PAYMENT OPTIONS & EARLY CANCELLATION

GRASSROOTS PROGRAM — AGES 4–7

The Grassroots Program is offered at a program **fee of $199**, payable in full at the time of registration.

The Grassroots Program does not operate on a monthly payment plan and does not include performance testing.

Once registration and payment have been submitted, the Grassroots Program fee is non-refundable and non-transferable, except where otherwise required by applicable law or where Pro Skills Testing & Development cancels the program.

The Early Cancellation Policy outlined below does not apply to the Grassroots Program.

DEVELOPMENT PROGRAMS — AGES 8+

Pro Skills Development Programs for athletes ages 8+ operate on a semester commitment.

For the September–December semester, the regular program tuition is $900 per -to-month enrollment.

Registration represents a commitment to the athlete's full September–December semester.

Parents/guardians may choose one of the following payment options:

OPTION 1 — MONTHLY PAYMENT PLAN

The semester tuition may be paid in **four monthly payments of $225**, for a total semester tuition of

$900.

Monthly payments are provided as a payment convenience and do not constitute month

OPTION 2 — PAY SEMESTER IN FULL

Parents/guardians who pay the entire September–December semester tuition in one payment at the time of registration will receive a 5% Pay-in-Full Discount.

Regular Semester Tuition: $900
5% Discount: $45
Pay-in-Full Total: $855

The Pay-in-Full Discount applies only when the entire semester tuition is paid in one payment and may not be combined with other discounts unless approved in writing by Pro Skills Testing & Development.

- **Option 1**
- **Option 2**

Parent/Guardian Initials: ____

EARLY CANCELLATION — DEVELOPMENT PROGRAMS AGES 8+

Parents/guardians wishing to withdraw an athlete before the scheduled end of the registered semester must provide a minimum of fourteen (14) days' written notice to Pro Skills Testing & Development.

Athletes withdrawn before the scheduled end of the semester will be **subject to a $125 Early Cancellation Fee.**

The athlete may continue attending regularly scheduled sessions during the **14-day notice period.** Cancellation becomes effective at the end of the notice period.

Any outstanding program fees due to the effective cancellation date, together with the **$125 Early Cancellation Fee,** must be paid before the athlete's account is considered closed.

The Early Cancellation Fee does not apply if Pro Skills Testing & Development permanently cancels or discontinues the athlete's registered program.

Long-term medical circumstances supported by appropriate medical documentation may be reviewed by Pro Skills Testing & Development on an individual basis athlete.

Parent/Guardian Initials: ____

PROGRAM PRICING

All Pro Skills Testing & Development program prices, fees, schedules, services, and program

structures are subject to change.

Any pricing change will apply to future registrations or future semesters unless otherwise communicated and agreed to in writing.

The price agreed to at the time of registration for the athlete's current semester will remain in effect for that registered semester.

Parent/Guardian Initials: ____

19. PAYMENT & REFUND POLICY

All registrations with Pro Skills Testing & Development are final upon payment.

By submitting payment, parents/guardians acknowledge and agree to the following: No refunds will be issued once payment has been received.

• No refunds or credits will be provided for missed sessions due to illness, injury, scheduling conflicts, vacations, weather (unless cancelled by Pro Skills), personal reasons, or voluntary withdrawal from the program.

• Registrations are non-transferable to another athlete, sibling, or family member.

• Sessions and programs have no cash value and may not be exchanged for money, services, or other programs.

Cancellations by Pro Skills Testing & Development

• A make-up session, or

• A credit applied toward a future Pro Skills program.

Cash refunds will not be issued under any circumstances.

Medical Considerations:

In cases of long-term medical injury or illness (with written medical documentation), Pro Skills Testing & Development may, at its sole discretion, offer a partial program credit toward a future program. Cash refunds will not be provided.

Parent/Guardian Initials: ____

Camps, Clinics, Tournaments & Special Events:

All camps, clinics, tournaments, showcases, evaluations, and special events are strictly non-refundable, non-transferable, and not eligible for credits once registration has been submitted.

Failure to attend, partial attendance, or removal for behavioral or conduct-related reasons does not constitute grounds for a refund or credit.

Payment & Refund Policy Acknowledgment: I confirm that I have read, understood, and agree to the Payment & Refund Policy of Pro Skills Testing & Development. I understand that all payments are final and non-refundable and that no exceptions will be made.

Parent/Guardian Initials: ____

20. GOVERNING LAW & JURISDICTION

This agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta, Canada.

Any disputes, claims, or legal proceedings arising from participation in Pro Skills Testing & Development programs, or from this agreement, shall be brought exclusively within the courts of Alberta, Canada.

Parent/Guardian Initials: ____

21. FORCE MAJEURE

Pro Skills Testing & Development shall not be held responsible for cancellations, interruptions, delays, or inability to deliver services caused by events beyond its reasonable control, including but not limited to severe weather, natural disasters, facility closures, labor disputes, internet or technology failures, government restrictions, pandemics, public health emergencies, or acts of God.

Parent/Guardian Initials: ____

22. SEVERABILITY

If any provision of this agreement is found to be invalid, unenforceable, or unlawful, the remaining provisions shall continue in full force and effect to the fullest extent permitted by law.

Parent/Guardian Initials: ____

23. ENTIRE AGREEMENT

This document constitutes the entire agreement between PPro Skills Testing & Development, Pro Athlete Metrics, the athlete, and the parent/guardian regarding participation in the program. No oral statements, prior discussions, representations, or external materials shall modify this agreement unless confirmed in writing by Pro Skills Testing & Development.

Parent/Guardian Initials: ____

24. PARENT / GUARDIAN CONSENT AGREEMENT

As the parent or legal guardian of the participant, I acknowledge the risks involved in soccer training and provide full consent for my child to participate in Pro Skills Testing & Development programs. I assume all responsibility for any injuries, damage, or losses that may occur and agree to all terms

outlined in this agreement and waiver.

I confirm that I have the legal authority to sign this document on behalf of the participants.

Parent/Guardian Initials: ____

25. AGREEMENT TO TERMS

By signing below, I confirm that I have read, fully understood, and voluntarily agree to all terms of this Athlete Development Agreement & Liability Waiver. I understand the inherent risks and accept full responsibility. I understand that this waiver is valid for one (1) year from the date of signature, and that re-registration and waiver renewal are required annually for continued participation.

Athlete Name	
Participant or Guardian Signature	
Printed Name	
Relationship	
Date	