

Office Use Only



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AGE GROUP

Player #

Academy Clinic Registration Release Form

PLAYER'S INFORMATION

Prior Team Name:

REQUIRED INFORMATION: Male Female

Player's Name _____
Date of Birth: Month/Day/Year

Street Address _____
City Zip

Father's Name: _____ Home Phone _____

Email _____ Cell Phone _____

Mother's Name: _____ Home Phone _____

Email _____ Cell Phone _____

Guardian's Name: _____ Home Phone _____

Email _____ Cell Phone _____

PARTICIPANT RISK STATEMENT

I, the undersigned, am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and death. In my capacity as parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitations.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____