



## Registration Form

Player First Name: \_\_\_\_\_ Player Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

**Jersey: \$15.00 size: YL AS AM AL**

**\_\_\_\_\_ Team Sessions (non-conflicting) \$350.00 per session**

**\_\_\_\_\_ Small Group Sessions \$40.00 per session**

### MEDICAL RELEASE

List any medical problem or prohibition player has: \_\_\_\_\_

Allergies: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer and in consideration of SoccerTech, accepting the registrant for this soccer program and activities (the program). I hereby release, discharge, and/or otherwise indemnify SoccerTech and facilities utilized for the program against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

I hereby give consent to have an athletic trainer, emergency medical technician and/or doctor of medicine or dentistry provide my son/daughter with medical assistance, treatment and/or transport and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Name of Parent/Guardian (print) \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_