



PLAYMAKER

SOCCER TRAINING

Registration

Participant Name: _____

Gender: _____

Birthdate: _____

Age: _____

Home Address: _____

Medical conditions: _____

Parent/Guardian Name: _____

Phone: _____

E-mail: _____



I hereby certify that my person is in normal health and is capable of safe participation in the program indicated above. I assume all risks and hazards incidental to the conduct of this program. I hereby release WOMEN'S PLAYMAKER FC and any associated persons or employees from any claims for any injuries or losses. I agree to indemnify and save harmless WOMEN'S PLAYMAKER FC from any claims or demands arising out of any such injuries or losses. I authorize the publication of any photography taken for or during this program for the use of promoting or advertising further programs, unless I notify WOMEN'S PLAYMAKER FC, of my desire to not permit any published photos at the time of registration.

"By signing below I certify that I have read and agree to the points listed above."

Signature: _____ Date: _____