

Valentis Athletica

Soccer Club

www.valentisathletica.com

REGISTRATION

I. PLAYER INFORMATION

Name of player _____

Date of Birth _____ Age _____ Gender M _____ F _____

Address _____

City _____ Zip: _____

Phone (day) _____ (evening) _____ (cell) _____

Email address: _____

School _____ Grade this coming fall _____

II. PARENTAL PERMISSION

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Valentis Athletica, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Valentis Athletica accepting the registrant for its soccer programs and activities I hereby release, discharge and/or otherwise indemnify Valentis Athletica, its affiliated organizations, and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result in the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I authorize.

Parent/Guardian _____
(Print)

Parent/Guardian _____
(Signature)

Date: _____

Referred by: _____