



U6-U10 CLINIC REGISTRATION FORM

Shirt Number _____

Player Name _____

Date of Birth _____

Address _____ City _____ Zip _____

E-Mail Address 1. _____ 2. _____

Best Phone Number to be reached at _____

Last Team Played For _____

Mother's Name _____ Father's Name _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Any Known Health Problems _____

Parent/Guardian Consent:

I do hereby expressly assume all of the risks which attend the game of soccer and any other sports or related activities, including but not limited to physical contact and physical injuries. I agree to indemnify and hold members including but not limited to any adjoining facilities and Neusport Football Club from any and all claims, suits, or proceedings arising allegedly or in reality out of the acts of omission and participation of the undersigned in any or related activity. I also agree to all rules and regulations of the Neusport Football Club.

Consent for Medical Treatment (Minor):

As the parent or legal guardian of the above player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of this minor, named above.

Parent or Guardian Signature _____ Date _____