

PLAYER INFORMATION FORM

All areas of this form must be completed prior to Player participation.

Player's Name: _____ Date of Birth: _____ Age: _____
Years Playing Soccer _____ E mail: _____
Clubs / Teams you have played for: _____
Position played last season: _____ Position Would Like to Play: _____
My strongest skill as a player is: _____
Area of my game I would like to develop: _____
Days of the Week for Training: _____ Time of Day: _____

IN CASE OF EMERGENCY

Father E Mail: _____ Father Cell Number: _____
Mother E Mail: _____ Mother Cell Number: _____
Other Emergency Contact and Number: _____
Your Insurance Company: _____
Policy #: _____ Name of Policy Holder: _____
Any instructions for your insurance: _____

I/We the undersigned, hereby certify that I(we) am (are) the parents or legal Guardian of the player. I hereby give permission for the staff of the Academy to seek During the period of the Academy appropriate medical attention for the player and For the player to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all cost of medical attention and treatment, except for that covered by the Academy's excess medical coverage policy.

I/We The Undersigned, for ourselves and as guardians of _____
Player's name

Understand that soccer is an active, physical sport, and that injuries can take place during play. I/We also understand there Will be a number of players attending the Academy, there will be a limited number of coaches and or assistants, and that our player can not receive individual attention or supervision all of the time. I/we understand that, as with any sport, injuries can occur and we hereby acknowledge that our child is physically fit and mentally capable of participating in this Academy.

I/We represent that I/We have sought the opinions of our Player's Pediatrician,

_____, and he concurs that _____
Name of Player's Physician Player's Name

is fully capable of safely engaging in these activities. I/we also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity and I/we are confident she/he is able to engage in such a sport

I/we the undersigned, for heirs, our executors, administrators, and ourselves waive, release and forever discharge North Greenville University , and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims For damages, injury, or loss to a person or property which may occur or be sustained during participation in Private or Group training while at the Academy, whether or not damages, injury, or loss is due to negligence.

Signature of Guardian: _____ Date: _____

Please make checks Payable to: "NGU Women's Soccer Club"

